Early Intervention Parenting Partnerships Manual

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Section I: EIPP Brief Overview & Orientation to Manual

Brief Overview of EIPP

The Early Intervention Parenting Partnerships (EIPP) is a home visiting program for expectant parents and families with infants who are high need due to practical barriers (e.g., low financial resources, housing instability), emotional and/or behavioral health challenges (e.g., depression, substance use), or other stressors (e.g., immigration-related stress). The goals of EIPP are to:

- Connect families with local resources;
- Provide and build families' social support;
- Appropriately engage families in health care systems;
- Provide parenting education;
- Promote positive parent-child attachment and healthy child development; and
- Support families experiencing multiple stressors to prevent child social and emotional delays, and link with Early Intervention (EI) services where appropriate.

EIPP Structure

EIPP is delivered by a multidisciplinary team of professionals who provide comprehensive services to achieve family and program goals. The core EIPP team consists of the following:

- A Maternal and Child Health (MCH) Nurse;
- A Licensed Mental Health Clinician or Social Worker;
- A Community Health Worker (CHW);
- Nutrition and lactation consultant as appropriate;
- Coordinator; and
- Director.

Pregnant and postpartum parents and their families may enroll until the child's third month, and services continue until the child's first birthday. The program begins with an initial assessment to identify a family's strengths and needs using a standardized tool called the Comprehensive Health Assessment (CHA). The family's strengths and needs are then used to collaboratively develop individualized goals for the Family Care Plan (FCP). After the initial assessment, EIPP providers conduct home visits aimed at connecting the family to resources, providing parent education and skills building support, and facilitating the family's own social support. Participants are also encouraged to attend a 10-session group designed to build social support by connecting participants with other new and expecting parents. Group sessions also provide education on a variety of maternal and child health and well-being topics such as breastmilk feeding, nutrition, and positive parenting.

EIPP Team Roles

The core EIPP multidisciplinary team is comprised of a Maternal and Child Health (MCH) Nurse, a Licensed Mental Health Clinician/Social Worker, and a Community Health Worker (CHW). In addition, appropriate connections with nutrition and lactation consultant services must be assured.

Staff at every level must demonstrate:

a) The ability to form trusting, non-judgmental, and supportive relationships with parents, their children, and other family members; and
b) A respect for diverse family structures, practices and beliefs, particularly related to health and parenting.

Teams are developed to reflect the cultural, linguistic, racial, and ethnic diversity of the population served.

All members of the EIPP team, regardless of discipline, work to provide participants with social and emotional support, education on a variety of health and parenting topics, and connection to community resources. While each EIPP team may differ slightly, responsibilities for all team members generally include:

- Screening and enrolling new participants;
- Providing health education, brief intervention, and social support;
- Promoting participant skills building and problem solving;
- Providing case management and care coordination between participants and other service providers;
- Supporting group services offered through EIPP and reducing social isolation;
- Offering resources and referrals and encouraging connections to other community supports.

Despite many overlapping responsibilities, each role on the multidisciplinary team contributes a unique skill set and area of expertise. Included in the following table are areas of unique emphasis for each role.

Maternal and Child Health (MCH) Nurse	Emphasis on:
	• Assessing participant and family needs and strengths guided by the Comprehensive Health Assessment (CHA) and Ages and Stages Questionnaire, Third Edition (ASQ-3)
	• Guiding the family in developing a Family Care Plan and identifying priorities for referral and parent education
	• Providing counseling on utilization of health systems, prenatal health, breastmilk feeding, nutrition, infant development, physical activity, and healthy environments
	
	Specific Staff Requirements:
	• Current licensure as a registered nurse by the Massachusetts Board of Registration, Division of Professional Licensure, with either:
	  • A bachelor's degree in nursing from an accredited program, with at least three (3) years clinical experience in prenatal, newborn, infancy or maternal services or
	  • A Master of Science degree in Nursing in Maternal and Child Health, Family Health or Community Health, or related specialty, and two (2) years clinical experience in prenatal, newborn, infancy or maternal services

Licensed Mental Health Clinician/Social Worker	Emphasis on: • Assessing participant and family needs and strengths guided by the Comprehensive Health Assessment (CHA) and Ages and Stages Questionnaire, Third Edition (ASQ-3) • Guiding the family in developing a Family Care Plan and identifying priorities for referral and parent education • Providing counseling and brief intervention on issues related to mental health, substance use disorders, and intimate partner violence Specific Staff Requirements: • Social Work: Current licensure as a Licensed Certified Social Worker (LCSW) or as a Licensed Independent Clinical Social Worker (LICSW) by the Massachusetts Registry of Social Work • Psychology: A master's degree from an accredited school of psychology in (a) counseling psychology or clinical psychology, (b) developmental psychology, (c) educational psychology or (d) current licensure as a Licensed Mental Health Counselor (LMHC) by the Massachusetts Board of Allied Mental Health and Human Services Professions, or (e) current licensure as a Licensed Marriage and Family Therapist by the Massachusetts Board of Allied Mental Health and Human Services Professions • The Mental Health Professional must have a minimum of three (3) years' experience in family counseling with parents of infants • Additional knowledge and experience in community mental health, infant mental health, substance use disorder (SUD), family violence,

	and perinatal issues are recommended

Community Health Worker (CHW)	<u>Emphasis on:</u>
	• Outreach to families, as well as to local health, mental health, and service organizations
	• Mediating between participants, community, and other service providers to assist with educating participants in service systems navigation and educating service providers in meeting the needs of participants
	• Assisting participants in meeting concrete needs and connecting to community resources, often accompanying participants in seeking services
	• Continued support and engagement through child's first birthday
	
	<u>Specific Staff Requirements:</u>
	• The Community Health Worker are those who apply their unique understanding of the experience, language, and/or culture of the populations they serve to carry out at least one of the following roles:
	  • Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
	  • Providing culturally appropriate health education and information;
	  • Assuring that people get the services they need;
	  • Providing direct services, including informal counseling and social support; and
	  • Advocating for individual and community needs.
	(adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998)
	
	• See DPH Policy Statement on Community Health Workers for further information

Nutrition Consultant	<u>Emphasis on:</u> • Providing dietary and nutrition counseling <u>Specific Staff Requirements:</u> • Current licensure as a Registered Dietician/Nutritionist by the Massachusetts Board of Registration/Division of Professional Licensure with a bachelor's of science degree in nutrition with at least three (3) years of experience working with pregnant and postpartum parents, infants, and their families
Lactation Consultant	<u>Emphasis on:</u> • Providing support and counseling around breastmilk feeding <u>Specific Staff Requirements:</u> • Breastmilk Feeding Specialist who has attained the designation of Certified Lactation Consultant (CLC) from an accredited program such as the Academy of Lactation Policy and Practice with at least two (2) years'

	experience working with pregnant and postpartum parents, infants, and their families • Certification as an International Board Certified Lactation Consultant (IBCLC) is preferred

In addition to the core EIPP team, there are a number of administrative and support roles that can exist. While these roles can vary by site, all EIPP teams have a Director and Coordinator.

Director	Emphasis on: • Providing direct supervision to staff • Hiring and orienting new staff • Educating the community about EIPP services, e.g., participating on advisory boards, presenting to local health providers, etc. • Periodic chart reviews and file checks at discharge • Administrative and billing oversight • Facilitating Continuous Quality Improvement (CQI) processes
Coordinator	Emphasis on: • Coordinating EIPP programming • Screening and case assignment for new referrals • Supporting administrative functions such as data collection, entry, and reporting • Often an existing team staff member fills the role of the Coordinator, combining direct service responsibilities with administrative responsibilities • Educating the community about EIPP services, e.g., participating on advisory boards, presenting to local health providers, etc. • Providing direct supervision to staff as appropriate

Community Embedding

Community embedding is a practice component of the EIPP program. It includes integrating EIPP services within the local community, engaging community stakeholders in EIPP programming, and ensuring that the program is known and understood within the community. It also encompasses the degree to which EIPP staff and providers are connected with their local community partners and understand the resources and supports available for participants.

Establishing partnerships between EIPP and other community services promotes a strong community system of care that supports participant outreach, enrollment, care coordination, referrals and transition planning. Because community embedding is critical to the success of EIPP, it is done in multiple ways and by all members of the EIPP team.

EIPP Directors often take the lead in this work, presenting to local agencies and health systems on the scope of services offered through EIPP and the options for referring participants, and joining or convening advisory boards made up of other prenatal and early childhood providers and stakeholders. Community Health Workers also play a key role in these efforts by marketing EIPP services to local organizations and outreaching to eligible families. The Community Health Worker may also participate in advisory councils within the community and attend community events to represent and promote EIPP services. MCH Nurses, Licensed Mental Health Clinicians/Social Workers, and other staff further support this work by connecting with area providers around participant needs and available resources, and staying abreast of the community context in which EIPP families are navigating.

Through these ongoing and diverse engagement strategies, EIPP is able to ensure a strong connection to participant referral sources, offer timely and informed resources to families, and support the transition from EIPP to additional and long term community support systems further fostering and strengthening participant connection and engagement.

Purpose of the Manual

The EIPP Manual provides a clear description of the model as well as the practice components necessary to deliver the model with fidelity in order to: a) support the EIPP providers implementing the model; and b) standardize EIPP services across Massachusetts.

Goals of this manual are to:

- Provide a guide to working with families;
- Promote consistency across EIPP providers in conducting program assessments, developing goals, and delivering services to families in accordance with the program's standards of care;
- Provide a standard set of practices that can be used with families;
- Provide a decision-making guide to help EIPP providers tailor services to the needs of families;
- Equip EIPP providers with specific strategies to address barriers that might interfere with services, such as low family engagement and unexpected life stressors;
- Provide strategies to promote families' continued use of program components at the close of services.

How to Use the Manual

Factors for EIPP providers to consider in using the manual include:

- This manual is meant to serve as a **guide and not a script** for delivering services;
- Items that are bolded and italicized refer to necessary program documents.

Section II: Theoretical and Research Bases of EIPP

The description of EIPP in this manual is based primarily in the practice-based knowledge of the initial developers of the EIPP model at the Massachusetts Department of Public Health, as well as EIPP teams in the field. In addition, the EIPP model has been articulated in the context of the best available evidence from recent research. The manual development process included a systematic literature review, consultation with leading experts in the home visiting field, and gathering and synthesis of resources that specific EIPP teams have found to be most useful in their practice.

This section briefly summarizes some of the most important evidence informing the EIPP manual from the source materials above and describes how these informed development of the manual, including:

- *Theoretical Background* for EIPP intervention strategies;
- *Research on the Public Health Benefits* of supporting high need families in the perinatal period;
- *Methods of Program Development* thought to support high quality implementation; and
- *Theory of Change* describing hypothesized pathway from program activities to intended outcomes.

Theoretical Background for EIPP

The EIPP model is informed by multiple widely applied theoretical frameworks in public and mental health, as well as theory for applying these frameworks to healthy parent-child relationships, including:

- The *Life Course Model*[1], which underscores the impact of risk and protective factors during critical or sensitive periods, such as the perinatal period, and their influence across the lifespan and on multiple generations;
- The *Social Determinants of Health*[2] and the *Health Equity Model*[2], both of which focus on addressing social and economic disparities in health outcomes and emphasizing health equity and racial justice principles in all aspects of practice;
- *Trauma-Informed Systems of Care*[3], *Strength-Based Practice*[4], and *Family-Centered Care*[5], all of which are aimed at promoting a positive, respectful, and high quality provider-family relationship by honoring and recognizing the strengths, expertise, and experiences of all parties through a trauma-informed lens; and
- *Attachment theories*[6] that highlight the role of the parent-child relationship and inform a *Dyadic System of Care*[7], which encourages a focus on the parent-child dyad in all areas of service.

Implications of Theory and Research for Public Health Benefits

While informed by a variety of theoretical orientations to practice, the EIPP program was developed based on research that provides the rationale for three primary concepts:

- **Focusing on the perinatal period.**
    - The perinatal period has been shown to be crucial to health outcomes in child and adulthood[8].
    - Through a focus on early programming, interventions that target interconnected biological, psychological, and social influences during the perinatal period may especially impact later health and well-being and have a generational influence[9].

- **Prioritizing high need families.**
    - Research indicates that socio-economic, health, and racial inequities have been associated with increased exposure to adverse childhood experiences and toxic stress in early childhood.[10]
    - *Adverse childhood experiences (ACEs)* are traumatic events with negative and long-lasting implications for caregivers and children, including domestic abuse, exposure to trauma, and household dysfunction. *Toxic stress* is the immediate product of ACEs, especially where they are repeated or prolonged.[10]
    - Both ACEs and toxic stress are much more likely where families live in poverty, are socio-economically insecure, or face racial and cultural discrimination. Ensuring access to critical resources and racially and culturally competent services for such high need families can help prevent ACEs and toxic stress, and in turn improve health.[11]

- **Promoting parent-child relationships.**
    - Improving parental responsiveness to child cues in the perinatal period can improve attachment.
    - Reducing episodes (especially ACEs) that threaten the sense of security between children and their parents can help protect attachment.
    - Addressing resource needs of parents improves their capacity to provide secure parent-child relationships. Also, educating and providing support to parents around responsiveness to child cues can enhance their capacity to cultivate and protect attachment with their children.

Together, the theory and research suggests a need for interventions that are**:**

- *Multifaceted & comprehensive*, focusing on the range of risk, protective, and promotive factors and their unique combinations for each parent, child, and dyad;
- *Focused on the parent-child dyad and family-centered*, placing the greatest emphasis on factors that bear most directly on the health of parents, children, and the parent-child relationship;
- *Reach parents with greatest need* since these parents are mostly likely to benefit from intervention;
- *Sensitive to contextual factors* that help identify proximal risks, protective, and promotive factors, and the intensity with which these factors impact parents and children.

Models of Program Development and Implementation

- In order to facilitate the implementation of EIPP with fidelity and positive outcomes, this manual identifies the core practice components of the model.
- The core practice components were integrated into a *theory of change* (TOC) modeling how the EIPP program works. The below figure and accompanying text describe the TOC relationships.

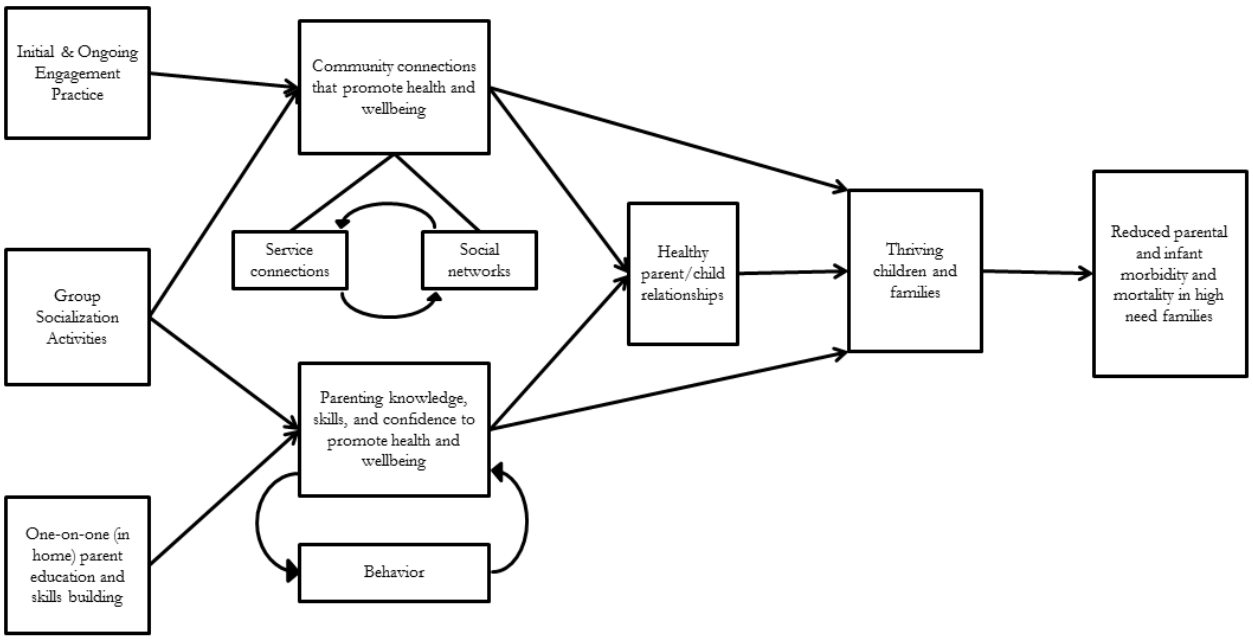
Theory of Change

The Theory of Change is intended to describe EIPP activities and outcomes in concise yet comprehensive terms, and connect these activities and outcomes to EIPP's overall impact.

This theory of change may be used to:

- Describe the EIPP model and service provision structure at a high level;
- Summarize and connect logic model components to demonstrate their linkage; and
- Diagram how EIPP service provision leads to reduced parental and child morbidity and mortality in high need families.

Figure 1. EIPP Theory of Change



Section III. EIPP Practice Components

Introduction to the Practice Components

The practice components of the EIPP program outline the core activities needed to deliver the intervention with fidelity and provide a framework for training and replication of the model. These components can be used to orient new staff to the EIPP model and ensure consistency in service delivery across multiple service locations.

The practice components of the EIPP program are organized into three primary areas: 1) program structure, 2) activities and services, and 3) process and implementation.

Overview of Practice Components by Component Area

1. **Program Structure:** Aspects that define the program and services provided, including:

    - *Home-based provision of services* identifies the provision of services as taking place in the home or another location as desired by the participant.
        - Examples include meeting a participant at a local coffee shop for an introductory visit, conducting a child assessment in the home, and finding ways to transition some administrative or other center-based tasks from the office to the field.

    - *Community embedding* includes strategies to integrate EIPP services within the broader community context and engage professional and non-professional community members in EIPP programming.
        - Examples include attending to the composition and process of a community advisory board to guide and inform EIPP programming and connecting with other community agencies to build referral sources and identify resources for participants.

    - *Multidisciplinary team* outlines the diverse staff roles and standards particular to the EIPP program, such as the professional qualifications of providers, the types of roles that exist in EIPP, the function of these roles, and how they work together as a team.
        - Examples include designating the MCH Nurse and Licensed Mental Health Clinician/Social Worker as the primary staff members responsible for completing the Comprehensive Health Assessment with participants or identifying the Community Health Worker as the primary staff member responsible for connecting and outreaching with community resources.

2. **Activities and Services:** The specific activities and services delivered to participating families, including:

    - *Engagement practices* outline the strategies to attract and keep participants involved in services, and ultimately, transition them to other services or supports at the end of the program.

- Examples include identifying easily and rapidly achieved goals with participants during initial visits and providing a final summary of referrals and services to participants about to transition out of the EIPP program.

- *Care coordination, linkages, and referrals* refers to methods addressing the immediate and concrete needs of participating families that are flexible and individualized to family need.
    - Examples include assisting a participant in applying for food stamps, coordinating a family's transition to other services, and connecting a participant to child care resources.

- *Parent education and skills building* includes teaching participants and their families positive parenting practices and providing educational content, as well as skills building activities that support parent education and build resilience and capacity among families.
    - Examples include helping participants develop appropriate expectations for child development, knowing when to investigate or seek professional advice for possible developmental concerns, or building problem solving skills with participants.

- *Group socialization* includes group educational, social, and skills building activities organized in the community for participants. The component also encompasses training participants in strategies to improve their social networks and support systems.
    - Examples include group activities organized for participants to meet other new parents, or which promote child play and provide psychoeducation in healthy relationships and seeking support.

3. **Process and Implementation:** Administrative supports and drivers to ensure successful implementation of EIPP services across agencies.

    This component type includes staff supervision, staff training and ongoing professional development standards, fidelity assessment and monitoring procedures, continuous quality improvement protocols, performance and outcomes assessment, and data systems. While necessary to the successful implementation of the program model, most of these practice components are not covered within the provider manual. They are outlined in greater detail in the administrative manual.

Group Services

In addition to home visits, the EIPP model includes group socialization as a component of practice. Each site is required to offer 10 support group sessions each calendar year. Support groups provide a forum for participants to share their experiences in a way that helps reduce social isolation and increase parental self-efficacy. While EIPP support groups are not a formal type of mental health treatment, they are educational, structured, and promote social connectedness.

Topics for support groups are determined based on the needs of participants and the expertise of the providers conducting the group. Consequently, curricula for group sessions vary significantly across program sites, though some common topics include positive child development, nutrition and healthy lifestyles, breastfeeding, parent self-care, and parenting skills. Participants who attend group sessions are provided with a meal, transportation, and childcare.

EIPP sites have employed a range of strategies to bolster group participation, including: organizing groups around participant commonalities such as cultural background, language, or living community, keeping group sizes small, and offering incentives for participation, such as a raffle for a small prize.

Section IV: Program Flow & Decision Tree

This section contains a graphic representation of **EIPP Program Flow & Decision Tree Chart**. *The objectives of the Program Flow & Decision Tree Chart include*:

- Describing the EIPP service process – what happens and when – as families move through the whole program from when they are referred to EIPP to through the end of their EIPP services and supports;
- Describing logical relationships of EIPP activities, or when it makes sense to do which practices; and
- Describing EIPP provider and participant decision points in services, or the choices providers and participants may make together about which service activities to pursue and in what order, based on the needs of the family.

The chart is divided into six sections:

- Part I: Overarching Relationship-based Practice
- Part II: Introductory and Initial Engagement Phase
- Part III: Practice Phase
- Part IV: Review and Final Transition Planning Phase
- Part V: Ongoing Activities
- Part IV: Tools & Skills

Part I: Overarching Relationship-based Practice

It is essential to remember that all components of the EIPP service process and skill-focused activities depend on the development of a trusting relationship between the participant and the EIPP providers.

Part II: Introductory and Initial Engagement Phase

- **What is the Introductory and Initial Engagement Phase?**
    - The leftmost section of the chart (Screening, Initial Engagement, Family Care Plan) illustrates activities that occur when the family is first referred to EIPP. This phase sets the stage for the rest of the program.

- **What are the components?**

    - **Screening.** This includes initial eligibility screening into the program, which include:

One of the following:
Maternal age ≤20 with at least 2 children including current pregnancy or infant
Maternal age ≤22 with at least 3 children including current pregnancy or infant
Violence in the home
Substance abuse in the home
Pregnant women with previous poor birth outcome

Or at least ***two*** of the following:
Homelessness or housing instability
Inadequate food or clothing
Tobacco use
History of depression including postpartum depression
High level of stress
Current high risk pregnancy (i.e. maternal

(stillbirth, neonatal death, baby < 1500 grams)
Pregnant women who are beginning their prenatal care in 3rd trimester
Postpartum women who had inadequate or no prenatal
Hepatitis B positive
obesity, gestational diabetes, preeclampsia, etc.)
Less than a 10th grade education
Cognitive impairment

- **Initial Engagement.** Initial engagement consists of providing the participant with an introduction to the program, assessment of strengths and needs (i.e., Comprehensive Health Assessment), and education around the time-limited nature of the program.
- **Family Care Plan.** The Family Care Plan is a goal-setting tool with which the provider can elicit the participant's concerns, priorities, and resources to support reaching goals through participation in EIPP.

Part III: Practice Phase

- **What is the Practice Phase?**
  - The items in the dotted middle box refer to activities that occur after the introductory phase of EIPP. The practice phase encompasses provision of parent education, skill-building, linkage to social, emotional, and concrete supports.

- **What are the components?**
  - **Education.** The education component focuses on providing education and encouraging skill-building in areas of 1) pregnancy, infant care, and infant development, 2) attachment and positive parenting, 3) stress, self-care, & nutrition, and 4) other modules based of family needs.
  - **Social & Emotional Support.** Social and emotional supports are developed through 1) dyadic work, 2) participation in EIPP groups, and 3) enhancement of community-based supports.
  - **Concrete Support.** Partnership in linkage to concrete supports (e.g., food, housing, health care) is another key area of the practice phase.

Part IV: Review and Final Transition Planning Phase

- **What is the Review and Final Transition Planning Phase?**
  - The set of items connected to the right side of the Practice Phase denote activities that occur during the Review and Final Transition Phase.
- **What are the components?**
  - **Review of progress.** Structured progress monitoring is built into EIPP through regularly scheduled CHA administration. Additionally, as participants' time in EIPP comes to a close, a final review of progress is helpful to support participants with the efforts they have made and inform decision-making around the need for additional services.
  - **Decision point regarding need for more services.** After reviewing progress and assessing remaining needs, participants and providers can determine whether there is a need for additional referrals or that the participant is well connected to community supports.

Part V: Ongoing Activities

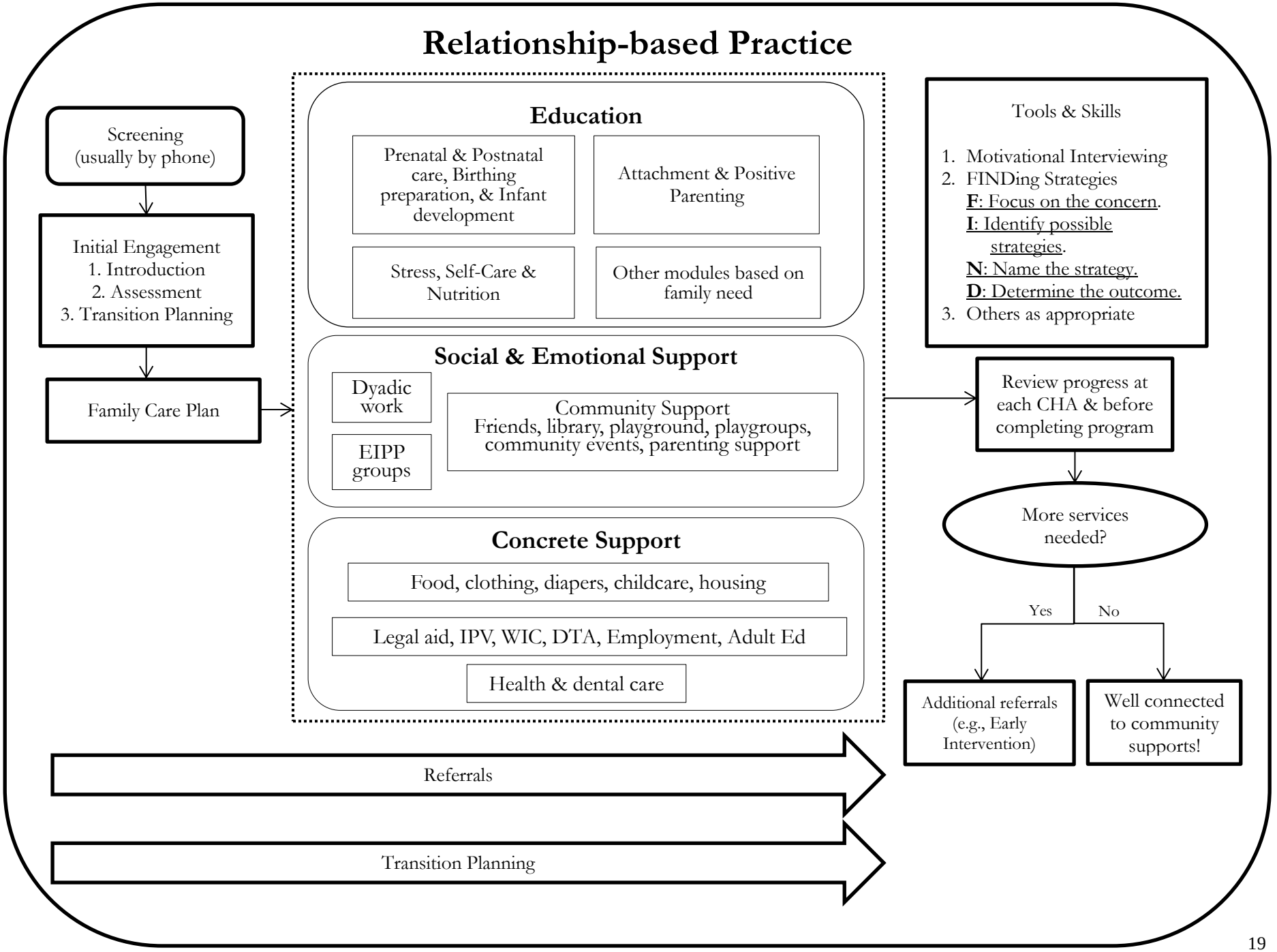
- **What is the Ongoing Activities section?**
    - The two arrows at the bottom of the chart represent activities that occur throughout the course of EIPP services.

- **What are the components?**
    - **Referrals.** Referrals and linkage are a practice component of EIPP. Providers make referrals based on participant needs throughout the program.
    - **Transition Planning.** Given the time-limited nature of EIPP, providers focus on partnering with participants and their families to build supports that can be maintained once participants exit the program. Openly discussing transition can facilitate gradual increases in participants' independence in utilizing skills and accessing supports.

Part VI: Tools & Skills

- **What is the Tools & Skills section?**
    - The box at the top right corner illustrates the tools and skills that could be utilized to increase engagement in EIPP.

- **What are the components?**
    - **Motivational Interviewing.** This technique is designed to encourage change in the face of motivational barriers to engagement in the program or other important aspects of participants' lives.
    - **FINDing Strategies.** This technique consists of concrete steps that can help facilitate brainstorming and identifying strategies to address participant concerns.
    - **Other Clinical Skills**. EIPP providers bring a wealth of clinical knowledge to their work with families, and therefore employ a range of skills when working with families.


Relationship-based Practice
Screening (usually by phone)
Initial Engagement
1. Introduction
2. Assessment
3. Transition Planning
Family Care Plan
Education
Prenatal & Postnatal care, Birthing preparation, & Infant development
Attachment & Positive Parenting
Stress, Self-Care & Nutrition
Other modules based on family need
Social & Emotional Support
Dyadic work
EIPP groups
Community Support
Friends, library, playground, playgroups, community events, parenting support
Concrete Support
Food, clothing, diapers, childcare, housing
Legal aid, IPV, WIC, DTA, Employment, Adult Ed
Health & dental care
Tools & Skills
1. Motivational Interviewing
2. FINDing Strategies
F: Focus on the concern.
I: Identify possible strategies.
N: Name the strategy.
D: Determine the outcome.
3. Others as appropriate
Review progress at each CHA & before completing program
More services needed?
Yes
No
Additional referrals (e.g., Early Intervention)
Well connected to community supports!
Referrals
Transition Planning

Section V: EIPP Core Practices

The Core Practices section of the manual outlines the activities involved in conducting the EIPP program. It was designed to support providers when they are in the field working with families so they have an easily accessible reference guide. Additionally, the manual promotes consistency across sites and providers and ensures that all families enrolled in EIPP receive a standard set of practices. However, **the manual is a guide rather than a script**, and providers are expected to use their own experience and expertise when working with families.

This user-friendly guide offers providers an overview of the content and specific forms included in each home visit. Each home visit outline is followed by the forms that should be used in that visit. Home visits 1 and 2 are unique in content because the provider introduces the EIPP program and conducts initial assessments. Typically, once a family reaches home visit 3, they are fully engaged in EIPP program content. The home visit 3 and beyond outline is therefore designed to be used for all visits after the second.

What is this form? Home Visit 1 Protocol

Who completes it? Any EIPP provider can use the protocol, although the informed consent and CHA must be completed by the MCH Nurse or Licensed Mental Health Clinician/Social Worker.

When do I use it? During the first home visit with a participant.

How do I use it? Use the protocol as a guide when conducting the first home visit. The protocol includes the necessary steps and forms for home visit 1, although providers will use their own experience and expertise to tailor the information to the needs of the individual participant and family.

Early Intervention Parenting Partnerships (EIPP)

Home Visit 1

Objectives:

1. Learn about the participant and family's most important strengths, supports, and challenges.
2. Initial engagement – Introduce the EIPP program, program goals, and link these to the family's short and long term goals.
3. Begin the Comprehensive Health Assessment process to identify strengths and areas for support for the family.
4. Identify a "small win" – a short-term family goal that the program can help achieve.

Introduction:

- Briefly introduce yourself, your agency, role(s) on the multidisciplinary team, and visit's purpose.
- Thank the participant for having you in their home and for being present for today's visit.
- Establish a safe and comfortable atmosphere.
    - Introduce yourself as part of a multidisciplinary team and define your role, being sure to distinguish yourself from other agencies;
    - Ensure that the participant expected the visit and that it is a good time for them;
    - Engage in initial conversation (simple, safe, "small talk," especially where it provides an opportunity to recognize something positive about the neighborhood, household, other children or family);
    - Learn names and roles of others present, such as a partner, children, or extended family members. Ask about their roles in the visit. Will they be participating? Can they help with childcare? Assess whether their presence may be intrusive or distracting;
    - Quickly assess and as appropriate, address any obvious distractions, lack of privacy, etc.
- Explain the purpose of EIPP:
    - Parenting is a very rewarding and also very challenging job. The EIPP program was designed to offer support and strategies to help participants on their journey;
    - It takes a village to raise a child! This is a common phrase and is very true. You are here to support the family and also help them build a social support network in their communities;
    - Your role is that of a helper rather than a fixer; the goal of your work together is to build on the participant's strengths and help connect them to existing resources.
- Explain the activities of initial visits, including that you will:
    - Spend some time getting to know the participant and family, since every family is different and to provide support in a meaningful way you need to understand the family's strengths, resources, and challenges;
    - Ask a lot of questions to help you understand their family;
    - Use the information to make a plan for your work together.
- Explain the goals of the first visit, including that by the end of the visit you will have worked with the participant and family to:
    - Review types of information and skills that are useful to every family, and begin to assess domains the participant identifies as an area of need;
    - Identify their most important short-term need(s) and create a plan to address these, preferably *by as early as the next visit*.

- Review participant's rights, including that:
    - All of the information will be confidential by default;
    - There are limits to confidentiality (i.e., mandated reporting for the role/team/agency);
    - They may choose not to answer any questions if they seem too private or uncomfortable (or defer answering them until a future visit);
    - They may choose not to participate in any activity, decline a visit, or withdraw from services.

Assessment:

- Tell the participant you are going to ask them some questions so you can learn about them, their family, and their child. Mention that you will write down some things they say because it is important for you to remember.
- ***Complete EIPP informed consent.***
- ***Complete EIPP enrollment form.***
- ***Begin Comprehensive Health Assessment (CHA)***
  *NOTE: Depending on the family's specific presentation, the CHA may be completed in the first visit, or may be continued into the second visit.

Summarization:

- Summarize what was shared by the participant and family on the visit. Make sure to identify:
    - At least two strengths you identified during your time with them;
    - At least two supports or resources (people in their family, network, or programs/services that are available to them outside of EIPP).
- Set a preliminary goal or goals for your work together. This goal may change over time. However, this first step will demonstrate that you were listening to their needs, and help the participant understand how you will move forward with the work.
- Tell the participant that you will work toward meeting the goals with the resources and skills in the program, and all of the natural skills they brings as a parent.
- Note that they know themself, their family, and their child the best, and you will rely on their expertise as a parent throughout the program. The participant will contribute their knowledge as a parent and you will contribute skills and resources other families have found helpful.

Wrap Up:

- ***Complete the home visit plan.***
- Schedule the next home visit if possible.
- Thank the participant for their participation and identify strengths noted during the visit.

HOME VISIT 1 FORMS

What is this form? EIPP Informed Consent Form

Who completes it? The MCH Nurse or Licensed Mental Health Clinician/Social Worker.

When do I use it? During the first home visit with a participant. The informed consent must be completed before any service provision.

How do I use it? The informed consent process is an important aspect of all health services. The goals are to describe the program to potential participants and allow them to decide if the program is a good fit for them and their family.

EARLY INTERVENTION PARENTING PARTNERSHIPS (EIPP)
INFORMED CONSENT

EIPP is a home visiting program sponsored by the Massachusetts Department of Public Health (MDPH) for pregnant individuals, parents, children and their families.

EIPP provides support services, health and parenting education, child development screenings, and referrals starting in pregnancy and continuing through the child's first year of life. There is no cost to participants and all services are voluntary.

During a home visit with you, program staff will screen for factors that may affect your pregnancy, health or development and work with you to develop a Family Care Plan that addresses your and your family's specific needs. It will be used to assist you in meeting your personal goals and in taking advantage of services available to you at this agency and elsewhere in the community.

Personal information that you share is collected for three purposes:

1. to help us provide you with the best services possible;
2. to check coverage of your eligibility for and reimbursement of services covered by your health insurance carrier; and,
3. for MDPH (and/or an evaluation partner working on behalf of MDPH) to better understand how the program is working.

By signing this Informed Consent, you are agreeing to share your personal information for the purposes listed above. Each person having access to personal information will maintain confidentiality and ensure your privacy. Any reports about program information will only include the number of participants, not the names or other identifying information about participants.

We will not discuss your personal information with anyone other than members of this program, your health insurance carrier, and MDPH (and/or its evaluation partner) for reasons other than those listed above **unless**:

1. we receive a court order that requires us to do so;
2. we believe your child might be abused or neglected; or
3. we believe you or a family member are a danger to someone else, or that you or a family member are in danger yourselves.

You may choose not to participate in any activity related to program evaluation and still receive all of your EIPP services. You may also accept all or only part of the services that are offered to you, and you may withdraw from the program at any time.

I have read this information about EIPP or had it explained to me. I understand how information about me is protected and how it may be used. I would like to participate in the Early Intervention Parenting Partnerships (EIPP).

_____ _____

Participant's Signature Date

_____ _____

Witness's Signature Date

What is this form? EIPP Initial Enrollment Form

Who completes it? Any EIPP Provider

When do I use it? Typically at the first phone contact with the family and it must be completed during the first home visit with a participant.

How do I use it? The enrollment form allows the provider to collect important demographic information about the participant and their family.

TODAY'S DATE (Enrollment date):_____/_____/_____ DPH ID#_____

EIPP INITIAL ENROLLMENT FORM

FAMILY INFORMATION

Last Name: _____ First Name: _____ DOB: ___ /___ /___

Status at Enrollment (circle one): ☐ Prenatal ☐ Postpartum 0-3 months

If Pregnant, Number of Weeks Pregnant: _____ Due Date: ___ /___ /___

If Postpartum, Name of Child: _____ Child Sex: ☐ M ☐ F Child DOB: ___ /___ /___

Street Address: _____ Mailing Address/P.O. Box: _____

City/State/Zip: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Primary Phone: _____ Other Phone: _____

Translator/ Interpreter Needed? ☐Yes ☐No If Yes, preferred language:_____

REFERRAL INFORMATION

Date Referral Received: ___ /___ /___

Referral Source (check only one):

☐Adolescent Parenting Program
☐Another EI Program
☐Community Event/Fair
☐Community Health Center/Clinic
☐Community/Social Service Agency
☐Child Care/Educational Institution
☐DCF
☐DTA
☐Friend or Relative
☐Healthy Families Program
☐HMO or HMO Physician
☐Hospital
☐MassHealth MCO
☐MassHealth PPC Integrated Care
☐OB/GYN Provider/Clinic
☐Own EI Program
☐Primary Care Provider
☐Public Information Ad
☐Self
☐Welcome Family
☐WIC
☐Unknown
☐Other, Specify: _____

Name of Referring Contact: _____Phone: _____

Reason for Referral:_____

MEDICAL INFORMATION

Name of Prenatal Care Provider: _____ Phone: _____

Address: _____ City/ State/ Zip: _____

Type of Insurance: Mother's Health Insurance (check all that apply):

☐ MassHealth MCO, ID#_____

If MCO, which one (check one):

- ☐ BMC Health Plan, ID#_____
- ☐ Tufts Public Plans, ID#_____

☐ MassHealth ACO, ID#_____

If ACO, which one (check one):

- ☐ Berkshire Fallon Health Collaborative, ID#_____
- ☐ BMC HealthNet Community Alliance, ID#_____
- ☐ BMC HealthNet Mercy Alliance, ID#_____
- ☐ BMC HealthNet Signature Alliance, ID#_____
- ☐ BMC HealthNet Southcoast Alliance, ID#_____
- ☐ Community Care Cooperative, ID#_____
- ☐ Fallon 365 Care, ID#_____
- ☐ Fallon Health Wellforce Care Plan, ID#_____
- ☐ HNE Be Healthy Partnership, ID#_____
- ☐ Lahey Clinical Performance Network, ID#_____
- ☐ NHP My Care Family, ID#_____

MassHealth ACO, continued

- ☐ Partners Health Care Choice, ID#_____
- ☐ Steward Health Choice, ID#_____
- ☐ Tufts Health Together with Atrius Health, ID#_____
- ☐ Tufts Health Together with BIDCO, ID#_____
- ☐ Tufts Health Together with Boston Children's ACO, ID#_____
- ☐ Tufts Health Together with CHA, ID#_____

- ☐ MassHealth PCC, ID#_____
- ☐ MassHealth Limited, ID#_____
- ☐ MassHealth Other, ID#_____
- ☐ Medicare, ID#_____
- ☐ Private, specify:_____
- ☐ None (self-pay)
- ☐ Unknown

TODAY'S DATE (Enrollment date):_____/_____/_____ DPH ID#_____

Are there any other programs visiting you? ☐ No ☐ Yes, Specify: _____

PARTICIPANT'S SELF REPORTED DEMOGRAPHICS

1. Are you Hispanic/Latino/Spanish?

☐ Yes ☐ No ☐ Unknown/Not Specified

2. What is your ethnicity? (check all that apply)

- ☐ African (specify:_____)
- ☐ African American
- ☐ American
- ☐ Asian (specify: _____)
- ☐ Brazilian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Cape Verdean
- ☐ Caribbean Islander (specify:_____)
- ☐ Chinese
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ European
- ☐ Filipino
- ☐ Guatemalan
- ☐ Haitian
- ☐ Honduran
- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mexican, Mexican American, Chicano
- ☐ Middle Eastern (specify:_____)
- ☐ Nepalese
- ☐ Pakistani
- ☐ Portuguese
- ☐ Puerto Rican
- ☐ Russian
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Other (specify:_____)
- ☐ Unknown/not specified

3. What is your race? (check all that apply)

- ☐ American Indian/Alaska Native (specify tribal nation_____)
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Native Hawaiian or other Pacific Islander (specify_____)
- ☐ Other (specify_____)
- ☐ Unknown/not specified

4. In what language do you prefer to discuss health-related concerns? (check all that apply)

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Albanian
- ☐ Amharic
- ☐ Bengali
- ☐ Burmese
- ☐ Cape Verdean Creole
- ☐ Chinese (specify_____)
- ☐ Gujarati
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Khmer
- ☐ Nepali
- ☐ Portuguese
- ☐ Russian
- ☐ Sign Language
- ☐ Somali
- ☐ Urdu
- ☐ Vietnamese
- ☐ Other (specify_____)

5. In what language do you prefer to read health-related materials? _____ (choose from list in question #4)

6. What is the highest level of education you have attained? (check only one)

- ☐ Bachelor's degree or higher
- ☐ Technical training certification/Associate's degree
- ☐ Some college/training
- ☐ High school diploma
- ☐ GED
- ☐ Currently enrolled in high school
- ☐ High school eligible, not enrolled
- ☐ Less than a high school diploma
- ☐ Other
- ☐ Unknown/Not specified

Designation Guidance: Of high school age, not enrolled includes those individuals who are of high school age, and are not currently enrolled. For example, a teenage mother who is 16 years of age and could be enrolled in high school but is not. Less than high school diploma includes individuals who are not of high school age and who did not complete their high school education. For example, a 23 year old mother who did not finish high school would be included in this category because she is not of high school age and did not finish her high school education.

7. What is your current employment status? (check only one

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Not employed
- ☐ Unknown/Not Specified

TODAY'S DATE (Enrollment date):_____/_____/_____ DPH ID#_____

8. Are you homeless?
- ☐ Yes
- ☐ No

9. Have you been homeless in the last 12 months?
- ☐ Yes
- ☐ No

ELIGIBILITY (CHECK ALL THAT APPLY)

One of the following:
- ☐ Maternal age ≤20 with at least 2 children including current pregnancy or infant
- ☐ Maternal age ≤22 with at least 3 children including current pregnancy or infant
- ☐ Violence in the home
- ☐ Substance abuse in the home
- ☐ Pregnant women with previous poor birth outcome (stillbirth, neonatal death, baby < 1500 grams)
- ☐ Pregnant women who are beginning their prenatal care in 3rd trimester
- ☐ Postpartum women who had inadequate or no prenatal
- ☐ Hepatitis B positive

Or at least **two** of the following:
- ☐ Homelessness or housing instability
- ☐ Inadequate food or clothing
- ☐ Tobacco use
- ☐ History of depression including postpartum depression
- ☐ High level of stress
- ☐ Current high risk pregnancy (i.e. maternal obesity, gestational diabetes, preeclampsia, etc.)
- ☐ specify: _____
- ☐ Less than a 10th grade education

What is this form? Comprehensive Health Assessment

Who completes it? The MCH Nurse or Licensed Mental Health Clinician/Social Worker.

When do I use it? The Comprehensive Health Assessment (CHA) should be started at the first home visit with a participant, and it must be completed by the second home visit. The CHA must be completed at 2 month intervals throughout the course of a participant's engagement in the program (initial, 2, 4, 6, 8, 10, and 12 months). The Ages and Stages Questionnaire should also be completed at each CHA administration.

How do I use it? The CHA allows the provider to collect important information about the participant's and their family's needs. The CHA will be used initially to develop the Family Care Plan, and throughout the participant's length of engagement with the program to monitor family need and progress toward service goals.

EARLY INTERVENTION PARENTING PARTNERSHIPS

Introduction to the Assessment

The Comprehensive Health Assessment (CHA) was developed based on Key Assessment Areas (KAA). Each KAA includes the corresponding standard of care and potential assessment questions. As categorical and clear as we have tried to make each KAA, we urge you not to be too categorical in your thinking. There is necessary overlap, where you may be assessing multiple KAA's by one single question or conversation.

Each KAA is rated on a Likert scale, 0 – 3, with '3' being the highest strength and '1' being the low strength, indicating a risk or potential issue that should be examined further, while '0' indicates unable to assess. The MCH Nurse or Licensed Mental Health Clinician/Social Worker is expected to use clinical judgment in assessing level of strength based on the assessment of indicators and the coping strategies utilized by the participant. The provider must include documentation under each KAA justifying their assessment. The sub-sections within each KAA are to provide the MCH Nurse or the Licensed Mental Health Clinician/Social Worker with reminders of topics to cover within the KAA.

Each KAA is accompanied by potential questions the MCH Nurse or Licensed Mental Health Clinician/Social Worker may use to assess each area. The provider should not feel as if they must read all of the listed questions, they are suggestions to help guide the assessment. Providers certainly can add or substitute other prompts that they feel will be helpful in assessing the KAA. Whatever the guide or tool provided, the provider's ability to establish a therapeutic relationship is key to the success of EIPP. In order to establish a therapeutic relationship, the MCH Nurse or Licensed Mental Health Clinician/Social Worker will:

- Earn the participant's trust;
- Encourage the participant to ask questions;
- Ask open ended questions;
- Use a nonjudgmental approach which shows the participant respect and kindness;
- Present information in an unbiased, participant sensitive manner;
- Actively listen to the participant's concerns;
- Understand the effects of nonverbal communication;
- Recognize when s/he cannot sufficiently help a client then refer the participant to someone who can;
- Identify the participant's wishes;
- Assist the participant in developing a plan to attain those wishes;
- Identify barriers to taking next steps; and
- Work with the participant on ways to reduce those barriers.

Once each KAA is addressed, the MCH Nurse or Licensed Mental Health Clinician/Social Worker is to make a clinical determination of the overall level of strength of the participant based on clinical judgment and the family's ability to cope with identified stresses. We encourage the MCH Nurse and Licensed Mental Health Clinician/Social Worker to assume a holistic approach in conducting the assessment and determining a global level of strength. A minimum of 9 of 14 KAAs must be completed by the second home visit.

EIPP COMPREHENSIVE HEALTH ASSESSMENT: Prenatal and Postpartum

Prenatal Instructions: Complete for all pregnant participants enrolled into EIPP by the end of the second unit rate reimbursed home visit (IV-2).
Postpartum Instructions: Complete at enrollment by the end of second unit rate reimbursed HV (IV-2), if enrolled into EIPP following birth, and at key developmental stages by the MCH Nurse and/or Licensed Mental Health Clinician.

Date: _____ **ID Number:** _____

Last Name: _____ **First Name:** _____ **DOB:** _____

Prenatal Care Began (circle one): 1st 2nd 3rd **# Prenatal Visits attended thus far:** _____

Has pediatrician been selected (circle one): Yes No **Pediatrician's Name:** _____ **Pediatrician's Phone Number:** _____

OVERALL LEVEL OF STRENGTH:

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section						
Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

*CONCERN LIST:

Concerns Identified	Date Identified	Actions Taken	Date Resolved

CHILD & POSTPARTUM INFORMATION:

Prenatal assessment (circle one): Yes No [If **YES**, **Skip** to Household Composition]

Child First Name: _____ **Child Last Name:** _____

FAMILY AND HOUSEHOLD COMPOSITION:

Name	Gender (M/F)	Age	Relation	Living in Home (Y/N)	English (Y/N)	Concerns
	F		Self	Yes		

*Indicates fields not required

KEY ASSESSMENT AREAS:

KAA#1: Physical Activity (Standard of Care 6.0)

Mother's Physical Activity

1. What do you do for exercise?
2. What have been your experiences with exercise in the past?
3. How do you feel when you exercise?
4. Describe your daily activity and rest pattern.
5. How many hours a day do you use a computer or watch television?
6. What do you do for fun?
7. What might be some ways that you could incorporate more physical activity into your daily routine?

Child's Physical Activity

1. What do your children do for exercise?
2. How can you help your child to be active and interested in exercise?
3. How many hours of screen time do you children participate in each day?
4. What might be some ways that you could incorporate more physical activity into your children's daily routine?
5. How do you choose toys for your child?
6. How do you keep your child safe while allowing him/her to be physically active?

Indicators	1 (low)	2 (moderate)	3 (high)
1a: Participant Physical Activity	▪ Lack of knowledge of importance of physical activity for self/ family ▪ Lack of knowledge of interrelationship between diet and physical activity ▪ No regular physical activity, physician approves activity ▪ Watches television more than 2 hours a day ▪ No help for physical condition ▪ Has not lost pregnancy weight	▪ Some knowledge of importance of physical activity for self/family ▪ Some knowledge of interrelationship between diet and physical activity ▪ Sporadic physical activity upon physician approval ▪ Watches television about 2 hours a day ▪ Some help for physical condition ▪ Lost 50% of pregnancy weight	▪ Knowledge of importance of physical activity for self/family ▪ Knowledge of interrelationship between diet and physical activity ▪ Participates in regular physical activity upon physician approval ▪ Participates in screen time less than 2 hours a day ▪ Adequate help for physical condition ▪ Has lost pregnancy weight
1b: Child Physical Activity	▪ Does not create safe environment and does not encourage activities which facilitate development of motor skills ▪ Lacks knowledge of role of physical activity in facilitating healthy weight, growth and development	▪ Working to create safe environment and encourages activities which facilitate development of motor skills ▪ Some knowledge of role of physical activity in facilitating healthy weight, growth and development	▪ Creates safe environment and encourages activities which facilitate development of motor skills ▪ Understands role of physical activity in facilitating healthy weight, growth and development

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#2: Nutrition (Standard of Care 6.0)

Participant's Nutrition

All

1. How is your appetite?
2. How many meals do you have a day?
3. How many fruits and vegetables did you eat yesterday?
4. What concerns or questions do you have about your diet, eating habits or weight gain?
5. Do you feel like you're gaining the right amount of weight? Too much? Too little?
6. What are your favorite foods?
7. What kinds of fish do you eat? How often?
8. How are your bowel movements?
9. What color is your urine?
10. What over the counter medication or herbal supplements do you take?

Prenatal

1. Are you taking prenatal vitamins?
2. Are you avoiding certain foods during your pregnancy?

Postpartum

1. Are you avoiding certain foods during while nursing?

Child's Nutrition

1. How do you know that your child is hungry?
2. How can you tell that your child may be in a growth spurt?
3. What do you feed your child?
4. How do you feed your child?
5. How do you know your child has had enough to eat?

Child Weight Gain should be assessed based on these general parameters:

- Wt/ht >90th percentile or <10th percentile: Low Strength
- Wt/ht between 75th and 90th percentile, or between 10th and 25th percentile: Medium Strength
- Wt/ht between 25th and 75th percentile: High Strength

Indicators	1 (low)	2 (moderate)	3 (high)
2a: Prenatal Nutrition and Weight Gain	▪ No knowledge of basic nutrition, Hx. of eating problems ▪ Overweight or underweight for pregnancy ▪ Does not follow recommended special diet ▪ Lack of food representing most food groups for meeting family's needs ▪ Exposed to foods, herbals, OTC, and medications that may be harmful	▪ Some knowledge of basic nutrition ▪ May have Hx of eating problems ▪ Maintaining healthy weight for pregnancy is challenging ▪ Does at times follow recommended special diet ▪ May lack food representing some of the food groups for meeting family's needs ▪ Some knowledge/ inconsistently avoids foods, herbals, OTC, and medications that may be harmful	▪ Knowledge of food groups ▪ No Hx. of eating problems ▪ Maintains healthy weight for pregnancy ▪ Able to follow any recommended special diet ▪ Adequate food representing all food groups for meeting family's needs ▪ Avoids foods, herbals, OTC, and medications that may be harmful
2b: Postpartum Nutrition and Weight Gain	▪ BMI ▪ Lacks food representing most of the food groups for meeting family's needs ▪ Major barriers to securing, preparing, and/or feeding infant healthy foods	▪ BMI ▪ May lack food representing some of the food groups for meeting family's needs ▪ Some barriers to securing, preparing, and/or feeding infant healthy foods	▪ BMI ▪ Adequate food representing all food groups for meeting family's needs ▪ No barriers to securing, preparing, and/or feeding infant healthy foods
2c: Child Nutrition and fluid intake	▪ Major concerns for child weight loss/gain ▪ Inadequate response to feeding cues ▪ Child brought to ER or Pedi for dehydration ▪ Does not show proper preparation or storage of breastmilk or formula ▪ No knowledge of impact of child growth spurts on feeding and sleeping patterns	▪ Some concerns for child weight loss/gain ▪ Inconsistent response to feeding cues ▪ Willing to learn S+S of dehydration and # of wet diapers ▪ Some knowledge of how to store breastmilk or formula ▪ Some knowledge of impact of child growth spurts on feeding/ sleeping	▪ Adequate child weight gain (4-6 oz/wk) ▪ Adequately responds to feeding cues ▪ Knows proper hydration ▪ Knows proper preparation and storage of breastmilk or formula ▪ Knowledge of impact of child growth spurts on feeding and sleeping patterns

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#3: Breastmilk Feeding (Standard of Care 5.0)

Prenatal

1. Have you thought about how you will feed your child?
2. What have you heard about breastmilk feeding?
3. How does your partner (family, friends) feel about your breastmilk feeding?
4. Have you breastfed or bottle-fed your other children?
5. What are your feelings about breastmilk feeding?
6. What concerns or questions do you have about breastmilk feeding?
7. What do you know about breastmilk feeding?

Postpartum

1. How do you know that your child is hungry?
2. How do you know when your child had had enough?
3. How frequently do you breastfeed?
4. What else are you feeding your child?
5. How has breastmilk feeding been working out for you?
6. How many wet diapers a day?

Plan to feed with breast milk?

□ Yes □ No

Indicators	1 (low)	2 (moderate)	3 (high)
3a: Plans for Breastmilk feeding	▪ Doesn't understand benefits of breastmilk feeding ▪ Does not intend to breastfeed ▪ Unwilling to access breastmilk feeding information ▪ Partner/family unsupportive and uninformed about breastmilk feeding	▪ Undecided about breastmilk feeding ▪ Undecided or unable to access breastmilk feeding info ▪ Partner/family supportive but may not be informed	▪ Verbalizes benefits of breastmilk feeding ▪ Able to access breastmilk feeding info ▪ Partner/family supportive and informed of breastmilk feeding
3b: Breastmilk feeding	▪ Barriers to accessing social or cultural support for breastmilk feeding ▪ Lack of knowledge of breast care	▪ Some barriers to accessing social or cultural supports for breastmilk feeding ▪ Some knowledge of breast care	▪ No barriers to accessing social or cultural supports for breastmilk feeding (LaLeche) ▪ Knowledge of breast care and S+S of infection

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#4: Oral Health (Standards of Care: 2.0 and 8.0)

Participant's Oral Health

1. When was your last routine dental check-up or cleaning?
2. When do you brush your teeth or floss?
3. Do you have pain in your teeth, gums or mouth?
4. Do you have a dentist? Do you need help in finding a dentist?
5. What makes it hard for you to get dental care services?
6. Is fluoride included in your diet?

Child's Oral Health [postpartum only]

1. [Newborn to 6 months] Is the participant propping the bottle up for child?
2. How do you take care of your child's gums?
3. Is fluoride included in your child's diet
4. [6-12 months] Is your child using a sippee cup?
5. [6-12 months] Does your child walk with the bottle in mouth?
6. [6-12 months] When do you plan to wean your child off the bottle?
7. Does child sleep latched to breast, bottle, or sippee cup?

Indicators	1 (low)	2 (moderate)	3 (high)
4a: Parent's Oral Health	▪ Never received dental care ▪ No cleaning during pregnancy ▪ Irregular brushing ▪ Does not use floss ▪ No fluoride	▪ Irregular dental care ▪ No cleaning during pregnancy ▪ Brushes daily ▪ Irregular floss ▪ Occasional fluoride in diet	▪ Regular dental care ▪ Cleaning during pregnancy ▪ Brushes at least 2x day ▪ Flosses 1x a day ▪ Fluoride in diet
4b: Child (Newborn to 6 months) oral health	▪ Bottle propping observed ▪ Gums are not cleaned ▪ No fluoride in diet ▪ Verbalizes lack of knowledge of role of fluoride and strong teeth	▪ May bottle prop occasionally ▪ Gums cleaned irregularly ▪ Occasional fluoride in diet ▪ Verbalizes some knowledge of role of fluoride in making strong teeth	▪ No bottle propping ▪ Gums are cleaned daily ▪ Fluoride in diet ▪ Verbalizes role of fluoride in making strong teeth
4c: Child (6-12 months) oral health	▪ Gums and teeth are not cleaned ▪ Child walking around with bottle ▪ No knowledge of bottle weaning at 12-14 months	▪ Gums and teeth cleaned irregularly ▪ Child walk with bottle occasionally ▪ Some knowledge of benefits of bottle weaning at 12-14 months	▪ Cleans child's gums or teeth daily ▪ Child does not walk with bottle ▪ Verbalizes benefits of bottle weaning at 12-14 months

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#5: Access and Utilization of Care (Standard of Care 3.0)

Housing

1. Have you ever been homeless?
2. Are you able to consistently pay rent and other utilities?
3. Do you have a working telephone?

Health

1. Do you have a primary care physician? When was the last time you saw him/her? For what reason?
2. Do you have a pediatrician for your child(ren)? When was the last time your child(ren) saw him/her? For what reason?
3. Do you have other medical providers (e.g., OB/GYN, Midwife, Family Practice, dentist, and other services)?
4. If you don't have a medical provider, do you know how to find and select one?
5. Do you feel comfortable speaking up for yourself in health appoints to be full partners in your health care?
6. Are you up-to-date on all vaccinations? Is your child up-to-date on all immunizations?
7. (If referrals were provided) Have you seen the provider you were referred to? If not, what have been the barriers?
8. Do you and your family have health insurance? What kind (e.g., MassHealth, private)?

Education

1. What is the highest level of education you have completed?
2. Are you attending school now?
3. What are your educational or career goals?

Economic

1. Do you have enough money to meet basic financial needs (e.g., housing, food)?
2. What are your sources of income (e.g., job, financial assistance, family, father of baby)?

3. Do you have child care available?
4. Do you have access to transportation?
5. Are you able to set a budget and stick to it?

Community Supports

1. Are you aware of and able to access resources or services in your community? If not, what are the barriers?
2. Do you have family or friends who are supportive and helpful?

Indicators	1 (low)	2 (moderate)	3 (high)
5a: Housing	▪ Repeated history/current homelessness ▪ At risk of eviction ▪ No working phone	▪ History/at risk of homelessness ▪ Owes back rent, fuel & utilities ▪ Phone recently disconnected	▪ History of maintaining stable housing ▪ Fuel/utilities on, paid, & functioning long term ▪ Working telephone available
5b: Health	▪ No health insurance ▪ No access to medical or dental care	▪ At risk of losing health insurance ▪ Some barriers to accessing medical and/or dental care	▪ MassHealth or private insurance ▪ Receives medical home with regular care ▪ Receives regular dental care
5c: Education	▪ Less than 12th grade education ▪ Unable to set educational or career goals	▪ High school diploma or GED/HiSET ▪ Sets and pursues short term educational and career goals	▪ College or advanced degree ▪ Sets and pursues long term educational and career goals
5d: Economics	▪ No or minimal income ▪ Partner not contributing financially ▪ Loss of job/school due to pregnancy ▪ No child care available ▪ No transportation ▪ Unable to prioritize or budget	▪ Unable to meet all basic financial needs ▪ FOB inconsistently contributes financially ▪ Job/school threatened by pregnancy ▪ Sporadic child care available ▪ Sporadic transportation available ▪ Needs assistance budget/prioritizing	▪ Adequate income for living expenses ▪ FOB contributes financially ▪ Job/school accommodating pregnancy ▪ Adequate child care available ▪ Reliable transportation available ▪ Able to budget and prioritize
5e: Community Support	▪ No culturally & linguistically appropriate information about community resources and services available ▪ Overwhelmed and immobilized ▪ Unable to access services ▪ No social supports and isolated	▪ Limited culturally & linguistically appropriate information about community resources and services available ▪ History of difficulty in accessing services ▪ Limited friends and family in area are supportive/helpful when needed	▪ Has culturally & linguistically appropriate information about community resources and services available ▪ History of success in accessing services ▪ Friends and family in area are supportive/ helpful when needed

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#6: Environmental Health and Safety (Standards of Care 8.1; 8.4; 8.5; 8.6 8.7)

Lead poisoning:

1. Was the home built before 1978? If so, does the dwelling have a Massachusetts Letter of Compliance with the Lead Law?
2. Did you recently renovate any rooms in your home such as the child's room?
3. Have you recently scraped, peeled, or burned any painted structures in your home?
4. Is there chipping or peeling paint present in the home? On the exterior of the home? Around the windows? On the stair railing?

Asthma:

1. Has your health care provider ever told you that your child may/has asthma/reactive airways?

2. Have you visited the ER because of your/your child's asthma/reactive airways?
3. Are there any furry or feathered pets (cat/dog/birds) present in the home?
4. Is the dwelling free from rodents, insect infestation, skunks, and cockroaches?
5. Is there excessive moisture or accumulated water present indoors?
6. Do either you, or another person living in your home, smoke cigarettes, cigars, or marijuana?

Injury prevention:

1. Do you have child safety gates in place?
2. Are all exits clear from obstructions?
3. Is the dwelling free of poisonous plants?
4. Do you have a fire escape plan you practice regularly?
5. Are radiators and wood/coal burning stoves barricaded and childproof?
6. Is the hot water heater set no higher than 130 degrees?
7. Are the crib slats no more than 2 3/8 inches apart? How old is the crib? (New cribs have to be compliant.)
8. Is the distance between the crib mattress and the railing no more than the width of two fingers?
9. Are all small items and choke hazards kept away from the child's reach?
10. Has the car seat installation been checked for safety?
11. Do you have any weapons in the home? How are they kept?

Housing stability:

1. Do you feel unsafe where you live?
2. How long have you been in your current house/apartment?
3. Do you have challenges paying your rent?
4. Do you find it challenging to pay your bills most months?
5. Are you facing or have you ever faced eviction?
6. Do you have working smoke detectors in your home?

Occupational Hazards:

1. Are safety precautions taken at your workplace to prevent injury?

Indicators	1 (low)	2 (moderate)	3 (high)
6a: Lead Poisoning	▪ Lead in environment ▪ Denies dangers of lead poisoning. Precautions not taken ▪ Unable or unwilling to access annual lead testing of children ▪ No knowledge of dangers of lead poisoning. Precautions not taken.	▪ Concern for lead in environment ▪ Verbalizes some of the dangers of lead poisoning and some precautions are taken ▪ Some barriers or has not accessed annual lead testing	▪ Lead free environment ▪ Verbalizes the dangers of lead poisoning and precautions are taken ▪ Knows need for annual lead testing of children to age 4
6b: Asthma	▪ Child with asthma/reactive airways present in home; asthma not controlled ▪ Unable to verbalize asthma triggers including mold, pet dander, dust mites, second hand smoke, and cockroaches ▪ Precautions not taken	▪ Child with asthma/reactive airways present in home; asthma somewhat controlled ▪ Verbalizes some asthma triggers including mold, pet dander, dust mites, second hand smoke, and cockroaches ▪ Some precautions taken	▪ No child with asthma/reactive airways present in home or present with asthma in control ▪ Verbalizes asthma triggers including mold, pet dander, dust mites, second hand smoke, and cockroaches ▪ Precautions are taken
6c: Injury Prevention	▪ Parent does not know basic First Aid/CPR ▪ Emergency numbers not available ▪ Does not use seat belt ▪ Does not verbalize knowledge of car seat safety and does not plan or cannot obtain approved car seat ▪ Does not verbalize knowledge of major childhood injury risks and does not practice prevention ▪ Does not verbalize knowledge of common safety hazards in home and does not practice prevention ▪ Does not use appropriate hand washing ▪ Weapons present and not secured	▪ Parent learning basic First Aid/CPR ▪ Some emergency numbers available ▪ Inconsistent use of seat belt ▪ Learning car seat safety and experiences some barriers in obtaining approved car seat ▪ Verbalizes some knowledge of major childhood injury risks and inconsistently practices prevention ▪ Verbalizes some knowledge of common safety hazards in home and inconsistently practices prevention ▪ Inconsistent hand washing ▪ Weapons present but secured appropriately	▪ Parent knows basic First Aid/CPR ▪ Emergency numbers available including poison control ▪ Consistent use of seat belt ▪ Verbalizes car seat safety and plans to obtain approved car seat ▪ Verbalizes knowledge of major childhood injury risks and consistently practices prevention ▪ Verbalizes knowledge of common safety hazards in home and consistently practices prevention ▪ Consistent, appropriate hand washing ▪ Weapons not present
6d: Housing	▪ Major safety concerns with housing exists ▪ Neighborhood unsafe ▪ No smoke detectors in place or functioning	▪ Some safety concerns with housing exist ▪ Some concerns for safety of neighborhood ▪ Some smoke detectors in place and functioning	▪ No major safety concerns with housing ▪ Neighborhood is safe ▪ Smoke detectors are in place and functioning

6e: Occupational Hazards	▪ Exposed to occupational hazards ▪ Precautions not taken	▪ Some knowledge of occupational hazards ▪ Precautions taken inconsistently	▪ No exposure to occupational hazards ▪ Precautions taken ▪ Participant not working

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section						
Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#7: Healthy Parenting		
Initial if done PP*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No
2 Month*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No
4 Month*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No
6 Month*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No
8 Month*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No
10 Month*: Complete this screening tool by asking EIPP Participant each question and then circle her response.*		
Do you feel that you are getting the support you need from others?	Yes	No
Do you have someone who you can count on to listen to you when you need to talk?	Yes	No
Do you have someone to call when you need someone to care for the child?	Yes	No

***12 Month**: Complete this screening tool by asking EIPP Participant each question and then circle her response.*

Do you feel that you are getting the support you need from others? Yes No

Do you have someone who you can count on to listen to you when you need to talk? Yes No

Do you have someone to call when you need someone to care for the child? Yes No

Indicators	1 (low)	2 (moderate)	3 (high)
7a: Parent's Transition to Parenting	▪ Has unrealistic expectations of child's care needs ▪ Unable to make necessary lifestyle changes/ adaptations to meet child's needs ▪ Negative statements about own ability to parent ▪ Negative perception of parenting ▪ Inadequate nutrition and minimal rest to care for child ▪ Barriers to learning about parenting, child development, nurturing, and bonding	▪ Uncertain expectations of child's care needs ▪ Inconsistently makes necessary lifestyle changes/adaptations to meet child's needs ▪ Lacks confidence in ability to parent ▪ Some ambivalence of parenting ▪ Inconsistent nutrition and sporadic rest to care for child ▪ Some barriers to learning about parenting, child development, nurturing, and bonding	▪ Realistic expectations of child's care needs ▪ Able to make necessary lifestyle changes/adaptations to meet child's needs ▪ Positive statements about ability to parent ▪ Positive perception of parenting ▪ Adequate nutrition and rest to care for child ▪ No barriers to learning more about parenting, child development, nurturing, and bonding
7b: Parent-Child Attachment	▪ Early bonding experiences were negative/abusive ▪ Lethargic, withdrawn child ▪ Barriers to accurately interpreting and responding to child's signals and cues	▪ Early bonding experiences were indistinct ▪ Child inconsistently alert/responsive ▪ Difficulty with accurately interpreting and responding to child's signals and cues	▪ Early bonding experiences were positive ▪ Alert, responsive child ▪ Accurately interprets and responds to child's signals and cues

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#8: Neonatal and Developmental Assessment Using Ages & Stages Questionnaire – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#9: Medical History and Physical Assessment (To be completed by RNs only)									
Medical History:									
Allergies:		**Current Medications:**		**Risk: Average?**		**Date of Last CBE:**		**Date of Last Mammogram:**	
Medical Conditions: CAD HTN Diabetes Seizures Asthma Urinary Anemia/Coag Thyroid Dx Osteoporosis Mental Illness Surgeries Cancers Other: _____									
Physical Assessment:									
Age:	**GR:**	**P:**	**EDC:**	**Height:**	**Weight:**	**B/P (if indicated):**	**HR:**	**RR:**	**Temp:**
Skin: NP Edema Lesions Erythema Pruritus				**GI:** NP Anorexia Nausea Vomiting Constipation			**GU:** NP Burning Frequency Incont. Painful Color Clarity		
Diet:				**Birth Defects/Genetic Susceptibility:**			**BC Plans:**		
Mobility Concerns:				**Any Risk Factors:**					
Postpartum:									
C-Section: N/A NP Erythema Drainage Painful				**Episiotomy:** N/A NP Erythema Drainage Painful			**Breasts:** NP Supportive Bras Engorged Erythema Painful Cracked		
Lochia: Rubra (1-4 days) Serosa(5-7 days) Alba(1-3wks)				**Repro:** NP Increased or changed discharge Odor Bleeding			**Concerns:**		
2 – 12 months Postpartum:									
Date Postpartum F/U complete:				**Repro:** NP Increased or changed discharge Odor			**Contraception Method:** w/o problems		
Infant Assessment:									
AHR:	**RR:**	**Temp (if indicated):**		**Weight gain since birth:** Normal At-risk		**Tone:** WNL	**General appearance:** WNL	**Tone:** WNL	**Reflexes:**
Skin: NP Well Hydrated		**Cap refill/Temp/Turgor:** WNL		**Umbilicus:** N/A NP Erythema Drainage Edema			**Circumcision:** N/A NP Erythema Drainage Edema		
GI: NP Colic Vomiting Constipation Jaundice		**GU:** Voiding WNL Stool WNL		**Risk factors for sensorineural hearing impairment:**					

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section						
Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
Additional Comments:						

KAA#10: Women's Health (Standard of Care 4.0)

General questions

1. Tell me about your current sexual relationship or relationships.
2. How old were you the first time you had a sexual experience with another person?
3. During your life, with how many people have you had sexual intercourse?

Family Planning

1. Was this a good time for you to be pregnant? (This question helps the provider or home visitor understand the woman's family planning history, but also understand the woman's stage of acceptance for this pregnancy.)
2. [Prenatal] After your child is born, have you thought about using a method to keep yourself from getting pregnant before you're ready?
3. [Postpartum] Since your child was born, have you thought about using a method to keep yourself from getting pregnant before you're ready?
4. In the past, what method did you or your partner use to prevent pregnancy?
5. The last time you had sexual intercourse, did you use a condom?
6. Do you feel comfortable talking to your partner about using a condom?

STI's/HIV

1. What are you doing now to protect yourself from HIV and other sexually transmitted infections?
2. Have you ever had an STI – such as chlamydia, trichomoniasis, herpes, warts, gonorrhea or syphilis?

Have you been tested for STIs? Have you been offered HIV testing? Did you get tested?

Reproductive Health

Prenatal

1. How is this pregnancy going?
2. What kind of prenatal care are you receiving?
3. How do you think your body will change in the first year of parenthood?

Postpartum

4. How did this pregnancy go?
5. What kind of prenatal care did you receive?
6. How do you think your body will change in the first year of parenthood?
7. Have you scheduled your postpartum visit with your OB/GYN between 21-56 days after birth?

All

1. Have you ever had a miscarriage or have you terminated a pregnancy? How was that for you? (Assess for medical risk, loss or trauma.)
2. Have you previously lost an child?

Other Women's Health Concerns

1. How often do you have physical exams with women's health screenings?

Indicators	1 (low)	2 (moderate)	3 (high)
10a: Family Planning	▪ No knowledge of birth control methods ▪ Never used/no plan for birth control methods ▪ Unplanned pregnancy ▪ Recent STI ▪ Unable to negotiate birth control methods w/ partner	▪ Verbalizes birth control methods options ▪ Used birth control methods in past ▪ Unplanned pregnancy ▪ History of STI ▪ Conflict with partner on birth control methods use	▪ Success with birth control methods ▪ Planned pregnancy ▪ No history of STIs ▪ Partner supportive of birth control methods
10b: STI's/HIV	▪ Never practices safer sex ▪ High risk for STI	▪ Usually practices safer sex ▪ Moderate risk for STI	▪ Practices safer sex ▪ Low risk for STIs
10c: Reproductive Health	▪ Inadequate prenatal care ▪ Pregnancy at high risk for poor outcomes ▪ History of prior pregnancy loss ▪ Pregnancy result of trauma ▪ [Prenatal] Does not verbalize danger/complication signs in	▪ Receiving/received prenatal care ▪ Pregnancy with complications but coping/coped well ▪ History of prior pregnancy loss but received professional help ▪ [Prenatal] Verbalizes some danger/complication signs in	▪ Receiving/received adequate prenatal care ▪ Free from health complications and major stress during pregnancy ▪ No history of prior pregnancy loss ▪ [Prenatal] Verbalizes danger/complication signs in pregnancy

	pregnancy and does not know when to contact health care provider. ▪ No postpartum appointment ▪ No knowledge of normal maternal physical changes in first year of parenthood	pregnancy and knows when to contact health care provider. ▪ Postpartum appt scheduled ▪ Verbalizes some knowledge of normal maternal physical changes in first year of parenthood	and knows when to contact health care provider. ▪ Keeps postpartum appointments ▪ Verbalizes knowledge of normal maternal physical changes in first year of parenthood
10d: Other Women's Health Concerns	▪ No knowledge of health concerns ▪ PCP not identified ▪ Inadequate history of physical exam with screenings	▪ Some knowledge of health concerns ▪ Identifies PCP ▪ Irregular history of physical exams with screenings	▪ Understands health concerns ▪ Identifies PCP ▪ Annual physical exam with screenings-knows results

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#11: Alcohol, Tobacco, and Other Drugs (Standard of Care 7.0)

Assess substance use asking the following questions. Ask her each question and then circle her response.

1. Have you smoked any cigarettes or marijuana in the past 3 months?	Yes		No			Decline	
2. Are you or your baby regularly exposed to secondhand smoke?	Yes		No			Decline	
3. Do/did your parents have any difficulties in their lives due to alcohol or drug use?	Yes		No			Decline	
4. Do/did any of your friends have any difficulties in their lives due to alcohol or drug use?	Yes		No			Decline	
5. Does/did your partner have any difficulties in his/her life due to alcohol or drug use?	Yes		No			Decline	
6. In the past, have you had any difficulties in your life due to alcohol or drug use?	Yes		No			Decline	
7. In the past month, have you used drugs?	Yes		No			Decline	
8. In the past month, have you had any alcoholic drinks?	Yes		No			Decline	
9. On days when you drink alcohol, about how many drinks do you have?	0	1	2	3	4	5+	
10. In a typical week, about how many days do you drink alcohol?	0	1	2	3	4	5+	
11. In the past 6 months, have there been any times when you had 4 or more alcoholic drinks in a 2 hour span of time?	Yes		No			Decline	
12. Did you smoke, drink, or use drugs at any time during your pregnancy?	Yes		No			Decline	

Prenatal (Check one):

- ▫ positive screen, client use
- ▫ positive screen for peers, partners, past - no current use
- ▫ negative screen

Initial PP (Check one):

- ▫ positive screen, client use
- ▫ positive screen for peers, partners, past - no current use
- ▫ negative screen

2 Month (Check one):	4 Month (Check one):	6 Month (Check one):	8 Month (Check one):	10 Month (Check one):	12 Month (Check one):
▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use	▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use	▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use	▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use	▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use	▫ positive screen, participant use ▫ positive screen for peers, partners, past - no current use

Indicators	1 (low)	2 (moderate)	3 (high)
11a: A/OD Screen	▪ Positive screen, client use ▪ Use significantly impacts family functioning or precipitating family crisis	▪ Positive screen for Peers, Partners, Past- client has no current use ▪ Family use mildly impacts family functioning	▪ Negative Screen
11b: Tobacco	▪ Participant smokes ▪ Smoking in home exposure to second hand smoke	▪ Hx of smoking ▪ Smokers in home smoke outside of the home	▪ No Hx of smoking ▪ No use in home

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#12: Intimate Partner Violence (Standard of Care 10.0 and 11.0)

Complete this screening tool by asking EIPP Participant to think about current or most recent relationship/partner. Ask each question and then circle the response. If you receive a no answer to the first two questions and/or yes to the last two questions below, then it is a positive screen on this screening tool.

1. Does my partner shame or humiliate me? Yes No
2. Does my partner threaten me, hurt me, or make me feel afraid? Yes No
3. Does my partner make me do sexual things I don't want to? Yes No

Intervention:
- Educate/support
- Thank the participant for disclosure
- Articulate concern for safety and well-being
- Offer referral/resources
- Follow-up soon
- Develop safety plan if appropriate,

Prenatal (Check one):

▫ IPV endangering safety of family
▫ Positive IPV screen > one year ago and no current risk

and no current risk

4. Does my partner threaten to hurt my children or my family?	Yes	No

consult with DV Advocate at SAFELINK at 877-785-2020

- **Assess child safety – file 51A if needed, consult with DCF DV Unit at 617-748-2335**

2 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

4 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

6 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

8 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

10 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

12 Month (Check one):
- ▫ IPV endangering safety of family
- ▫ Positive IPV screen > one year ago and no current risk
- ▫ Negative IPV screen
- ▫ Could not complete because person over 2 years of age was present

Indicators	1 (low)	2 (moderate)	3 (high)
12a: Intimate Partner and Family Violence	▪ IPV endangering safety of family ▪ Positive screen within one year ▪ Current abuse	▪ Positive IPV screen > one year ago and no current risk ▪ No Hx of IPV with current partner ▪ Does not interfere with family functioning	▪ Negative IPV screen
12b: Child Abuse and Neglect	▪ Children have been or will be placed outside home ▪ No communication or contact between one or both parents and child/ren ▪ Open conflict between parents ▪ Children have witnessed IPV ▪ Parents unable to distinguish between discipline and abuse ▪ Current DCF involvement	▪ Children may show some aggression or behavioral issues ▪ Parents may have tense relationship but address conflict productively ▪ Parents question ability to set limits consistently and provide structure. ▪ Hx of abuse but have received professional help. ▪ Hx of DCF involvement but resolved	▪ Children live with one or both parents in stable family ▪ Parents/partners communicate well with each other and with children ▪ Children appear happy and well-adjusted ▪ Parents confident in setting limits ▪ No Hx of abuse/neglect ▪ No Hx of DCF involvement

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#13: Emotional Health (Standard of Care 9.0)

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

*5 I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

*6. Things have been getting on top of me
   - Yes, most of the time I haven't been able
   - Yes, sometimes I haven't been coping as well
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

*8 I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

*9 I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, most of the time
   - Only occasionally
   - No, never

*10 The thought of harming myself has occurred to me
   - Yes, quite often
   - Sometimes
   - Hardly ever
   - Never

QUESTIONS 1, 2, & 4 (without an *) Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.
QUESTIONS 3, 510 (marked with an *) Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.
Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

EPDS Score: _____ Initial _____ 2 Month _____ 4 Month _____ 6 Month _____ 8 Month _____ 10 Month _____ 12 Month

Indicators	1 (low)	2 (moderate)	3 (high)
13a: Psychosocial or mental health issues including postpartum depression	▪ Score ≥ 13 on the EPDS ▪ Responds positively to Full Screen ▪ No Knowledge of PPD ▪ Changes in appetite, sleep, energy or activity impacting ADL ▪ Hx of depression or hospitalization ▪ Current use of antidepressants ▪ Current or Hx of suicide or expression of wanting to hurt others	▪ Score 10-12 on the EPDS ▪ Some knowledge of PPD ▪ Some changes in appetite, sleep, energy or activity, but no major impact on ADL ▪ Hx of depression – treated professionally ▪ No past hospitalization ▪ Past use of antidepressants ▪ Hx of suicidal ideation--treated professionally	▪ Score 0-9 on the EPDS ▪ Knowledge of PPD ▪ No changes in appetite, sleep, energy or activity level except as related to normal PP changes ▪ No current or past Hx of depression ▪ No past hospitalizations ▪ No Hx/current use of antidepressant ▪ No Hx/current suicidal ideation or expressions of wanting to hurt others
13b: Parental Stress and Anxiety	▪ Physical or emotional stress – feeling overwhelmed ▪ Current unhealthy coping mechanism (substance use, unsafe sex, excessive food, tobacco use, uncontrolled anger/violence, rage)	▪ Some physical or emotional symptoms indicating stress ▪ Hx of poor coping strategies but recognizes/sought professional help	▪ No physical or emotional symptoms indicating stress response ▪ Current healthy coping strategies ▪ Avoids unhealthy coping mechanisms (drugs, unsafe sex, excessive food, tobacco, violence)
13c: Trauma and Loss	▪ Current trauma or loss ▪ Poor coping in response to trauma or loss ▪ Hx/Current abuse (sexual, physical, verbal) not addressed	▪ Hx/Current trauma/loss-sought professional help ▪ Hx of poor coping in response to trauma/loss-sought professional help	▪ No Hx of trauma or loss ▪ Healthy coping in response to trauma or loss ▪ No Hx of abuse (sexual, physical, verbal)

	▪ Witnessed violence	▪ Hx of abuse (sexual, physical, verbal)-professional help sought ▪ Witnessed violence-professional help sought	▪ No violence witnessed
13d: Self Concept/Self Perception	▪ Poor sense of self/ low self-esteem ▪ Negative impact of parenthood on lifestyle	▪ Hx of low self-esteem ▪ Some negative impact of parenthood on lifestyle but positive impact outweighs negative impact	▪ Positive sense of self ▪ Positive impact of parenthood on lifestyle
13e: Relationships	▪ Feels isolated from people, agencies, services or unable to access help with physical, emotional and social needs ▪ Feeling alienated/isolated from partner, family, and/or friends	▪ Identifies people, agencies, services for help with physical, emotional and social needs; not always accessed ▪ Relationship with partner, family and/or friends is sometimes strained	▪ Identifies people, agencies, services for help with physical, emotional and social needs ▪ Communicative, supportive and close relationship with partner, family & friends
13f: Sexual Orientation	▪ Feels isolated from people, agencies, services or unable to access help with physical, emotional and social needs ▪ Feeling alienated/isolated from family, and/or friends	▪ Identifies people, agencies, services for help with physical, emotional and social needs; not always accessed ▪ Relationship with family and/or friends is sometimes strained	▪ Identifies people, agencies, services for help with physical, emotional and social needs ▪ Communicative, supportive and close relationship with family and friends

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section

Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

Additional Comments:

KAA#14: Cognitive and Perceptual (Standard of Care 1.0)

1. How do you best learn new information?
2. Tell me about a recent problem you solved and the steps you went through to solve it.
3. How are you at solving problems? Can you give me an example?
4. Tell me what you know about the physical changes in pregnancy.
5. Tell me what you know about the emotional changes in pregnancy
6. What are some of the danger/complication signs during pregnancy and postpartum?
7. What do you think will be/are some of the physical changes that women experience in the first year of parenthood?
8. What do you think will be/are some of the emotional changes that women experience in the first year of parenthood?
9. What were the results of the baby's hearing screen?

Indicators	1 (low)	2 (moderate)	3 (high)
14a: Cognitive and Perceptual	▪ Limited cognitive and perceptual abilities; difficulty understanding and using new information ▪ Unable to verbalize methods of learning that are most effective ▪ Verbalizes/demonstrates no confidence in problem solving abilities; unable to describe rationale behind decisions made	▪ May have limited cognitive and perceptual abilities; able to understand and use new information ▪ Verbalizes some methods of learning that are most effective ▪ Verbalizes/demonstrates some confidence in problem solving abilities; able to describe rationale behind decisions made	▪ Adequate cognitive and perceptual abilities; able to understand and use new information ▪ Verbalizes methods of learning that are most effective ▪ Verbalizes/demonstrates confidence in problem solving abilities/able to describe rationale behind decisions made

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED – If KAA is skipped, provide justification in Comments section						
Prenatal/Initial PP **(circle one)**	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
2 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
4 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
6 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
8 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
10 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
12 Month	Date Completed:_____	(N/A)	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
Additional Comments:						

What is this form? Home Visit 2 Protocol

Who completes it? Any EIPP Provider conducting the home visit.

When do I use it? During the second home visit with a participant.

How do I use it? Use this as a guide when conducting the second home visit. The protocol includes the necessary steps and forms for home visit 2, although providers will use their own experience and expertise to tailor the information to the needs of the individual participant and family.

Early Intervention Parenting Partnerships (EIPP)

Home Visit 2

Objectives:

1. Complete/continue initial assessments.
2. Develop goals collaboratively with the participant through the Family Care Plan.
3. Introduce the FIND technique.
4. Connect the participant to education and resources using the Education Checklist and Referral Checklist.

Check-in:

- Establish a comfortable atmosphere (see Home Visit #1).
- Ask the participant if they have any questions about the program or anything that came up since the last visit.
- Summarize what you learned from the last visit and invite the participant to add or correct information.
- Based on the family's current needs and progress to date, set a simple agenda for today's visit.

Assessment:

- ***Complete CHA*** (if not completed during first home visit).

Goal Setting:

- Review the initial goal(s) set in the first visit, including the "small win" goal.
    - Review small win goal and share progress.
    - Ask the participant if there have been any changes since the first visit.
- ***Introduce the Family Care Plan.*** Explain that this will serve as a guide for your work together and ensure that you are staying on track. Your goals may change over time, and that is okay, the Family Care Plan can change with you. But it is important to have a map to see where you are going!
- Using the CHA and information gathered up to this point, collaborate with the participant to develop the Family Care Plan.

FINDing Strategies:

Objectives:

- *Introduce the FIND technique*, a social problem solving approach to help support participants' and families' coping.[12] Social problem solving is helping people address concerns as they occur in their natural environment (e.g., day-to-day issues at home, such as barriers that are getting in the way of parenting responsibilities).
- *Introduce the FIND steps.*
- *Illustrate the use of the FIND technique* with an example that is simple, but also relevant to the family.

Detailed description:

- **Introduction of the technique**:
    - All families experience challenges, and they can feel overwhelming, especially at first.

- Breaking concerns down into small pieces can help stop them from seeming overwhelming and start seeming solvable.

- **Introduction of FIND steps.** FIND stands for:
  - **F**: Focus on the concern.
    - *Focusing* involves reducing a complex or overwhelming concern so that it is "right-sized" – help the participant come up with a brief description, and then break the situation down into more discrete, manageable steps.
  - **I**: Identify possible strategies.
    - *Identifying strategies* involves brainstorming with the participant to generate a number of possible alternative strategies, from which they can choose the best.
  - **N**: Name the strategy.
    - *Naming strategies* involves selecting from the options brainstormed, objectively weighing pros and cons, and selecting the best one.
  - **D**: Determine the outcome. (i.e., whether or not the solution worked).
    - After the participant puts the named strategy into practice, help them determine whether it worked. Celebrate if it was a success! If the solution did not completely address the concern, identify a lesson learned and praise the participant for their follow through.
- **Possible Example**: A participant can't find childcare for an upcoming job interview. After explaining the purpose of the FIND technique and giving a brief introduction to the four steps, the provider works with the participant using the FIND strategies in the following manner:
  - **F**: First, the provider helps the participant to focus on the concern, by concentrating on the specific, upcoming childcare need rather than trying to address the longer term issues right away (i.e., ongoing childcare barriers).
  - **I**: Having determined that the immediate issue is the upcoming childcare need, the participant and provider generate several possible childcare options.
  - **N**: The participant and provider identify the possibilities that seem most feasible and talk through the pros and cons of each. The participant then selects the best option.
  - **D**: Once the participant tries the strategy, the provider reflects with them on whether it worked, and next steps if it did (e.g., working on resolving the ongoing childcare barriers), or alternative strategies if it did not (e.g., re-scheduling the interview).

Parent Education:

- Choose topic(s) from the education checklist, based on the Family Care Plan.
- Review the selected topic, using the relevant module as a guide. Engage in a conversation around the topic, encouraging the participant to ask questions.
- Collaborate with the participant to determine concrete action steps. Will they:
  - Practice a program skill?
    - Spend a few minutes discussing how this will happen. When and where will they practice? Do they anticipate any barriers? Having a concrete plan increases the likelihood that the practice will happen.
  - Act on a referral?
    - If a referral was discussed during the visit, decide how the provider and participant will work together to ensure the connection is made.
  - Reach out for support?

        - If increased social support is an identified goal, collaborate on a concrete action step. Will the participant attend a group? Plan a walk with a friend? Attend a community event?
    - Remind the participant that trying new things is often difficult at first. Just like any other new behavior, the more we practice, the easier and more natural it becomes.
    - Let them know that you will follow up next visit to see how it went.

Wrap Up:

- ***Complete the home visit plan.***
- Schedule the next home visit if possible.
- Thank the participant for their participation and identify strengths noted during the visit.

HOME VISIT 2 & 3 FORMS

What is this form? EIPP Family Care Plan

Who completes it? Any member of the EIPP team.

When do I use it? During the second home visit with a participant.

How do I use it? The Family Care Plan lists an individual participant and family's strengths, needs, and short and long-term goals during the EIPP program. It should be completed collaboratively with the participant.

Participant Name: _____ Date: _____

Early Intervention Parenting Partnerships (EIPP) Family Care Plan

Instructions: Based on a review of the completed CHA, identify the concerns, priorities and resources to support the EIPP Participant and family to reach their goals.

Concerns What are you worried and/or anxious about?	**Priorities** What would you like to work on over the next few months?	**Resources** What do you currently have and what would be helpful to have to achieve your goals?

Priority/Goal	
Measurable Criteria How will we know we are making progress towards the goal?	**Time Frame/Target Date** When do we think we might achieve this goal?

Participant Name: _____ Date: _____

Progress Review: Document below the degree to which progress towards reaching the EIPP Participant's Goal has been made		
Date		☐ We're making progress ☐ Let's make adjustments ☐ No longer a priority at this time ☐ Outcome met
Date		☐ We're making progress ☐ Let's make adjustments ☐ No longer a priority at this time ☐ Outcome met
Date		☐ We're making progress ☐ Let's make adjustments ☐ No longer a priority at this time ☐ Outcome met

The EIPP team and I have made this plan together and all my questions about this plan have been answered:

Participant Signature: _____ Date: _____

EIPP Team Member(s) Signature: _____

Nombre del participante: _____ Fecha: _____

Plan de atención familiar de las asociaciones para padres de intervención temprana (EIPP)

Instrucciones: Según la revisión del CHA completado, identifique las preocupaciones, prioridades y recursos para apoyar al participante en el EIPP y a su familia a alcanzar sus metas.

Preocupaciones ¿Qué le preocupa o le causa ansiedad?	**Prioridades** ¿En qué le gustaría trabajar durante los próximos meses?	**Recursos** ¿Qué tiene actualmente y qué sería útil tener para alcanzar sus metas?

Meta/prioridad	
Criterios medibles ¿Cómo sabremos que hemos progresado hacia la meta?	**Período de tiempo/Fecha límite** ¿Cuándo pensamos que podríamos alcanzar esta meta?
Revisión del progreso: Documente más abajo el grado en el cual se ha logrado el progreso para alcanzar la meta del participante en	

Nombre del participante: _____ Fecha: _____

el EIPP		
Fecha		☐ Estamos progresando ☐ Hagamos ajustes ☐ Ya no es una prioridad ahora ☐ Meta alcanzada
Fecha		☐ Estamos progresando ☐ Hagamos ajustes ☐ Ya no es una prioridad ahora ☐ Meta alcanzada
Fecha		☐ Estamos progresando ☐ Hagamos ajustes ☐ Ya no es una prioridad ahora ☐ Meta alcanzada
Fecha		☐ Estamos progresando ☐ Hagamos ajustes ☐ Ya no es una prioridad ahora ☐ Meta alcanzada
Fecha		☐ Estamos progresando ☐ Hagamos ajustes ☐ Ya no es una prioridad ahora ☐ Meta alcanzada

El equipo del EIPP y yo hemos preparado juntos este plan y todas mis preguntas sobre este plan han sido respondidas:

Firma del participante: _____ Fecha: _____

Firma del miembro del equipo del EIPP: _____

Nome do Participante: _____ Data: _____

Plano de Atendimento Familiar das EIPP (Parcerias de Intervenção Precoce com os Pais)

Instruções: Com base na análise do CHA preenchido, identifique as preocupações, prioridades e recursos necessários para dar suporte ao Participante da EIPP e à família para atingir as suas metas.

Preocupações Qual é a sua preocupação ou o motivo de sua ansiedade?	**Prioridades** Em que gostaria de trabalhar nos próximos meses?	**Recursos** Que recursos tem agora e seria conveniente ter para atingir as suas metas?

Prioridade/meta	
Critérios mensuráveis Como saberemos que estamos progredindo para atingir a meta?	**Prazos/data previstos** Quando achamos que podemos atingir esta meta?

Nome do Participante: _____ Data: _____

Análise do progresso: Documente abaixo o nível de progresso alcançado para atingir a Meta do Participante na EIPP

Data		☐ Estamos progredindo ☐ Vamos fazer ajustes ☐ Não é mais prioritário agora ☐ Meta alcançada
Data		☐ Estamos progredindo ☐ Vamos fazer ajustes ☐ Não é mais prioritário agora ☐ Meta alcançada
Data		☐ Estamos progredindo ☐ Vamos fazer ajustes ☐ Não é mais prioritário agora ☐ Meta alcançada

Nome do Participante: _____ Data: _____

Data		☐ Estamos progredindo ☐ Vamos fazer ajustes ☐ Não é mais prioritário agora ☐ Meta alcançada
Data		☐ Estamos progredindo ☐ Vamos fazer ajustes ☐ Não é mais prioritário agora ☐ Meta alcançada

A equipe da EIPP e eu fizemos juntos este plano e todas as minhas perguntas sobre este plano foram respondidas:

Assinatura do participante: _____ Data: _____

Assinatura(s) do(s) membro(s) da Equipe da EIPP: _____

What is this form? EIPP Referral Checklist

Who completes it? The EIPP provider who completed the home visit.

When do I use it? The referral checklist is completed during the second home visit with a participant and updated appropriately throughout the program.

How do I use it? Use the referral checklist to track the status of all referrals made for a family throughout the course of the program.

Participant's Name: _____ Date: _____ DPHID#:_____

EIPP REFERRAL CHECKLIST

Instructions: Complete by the end of second unit rate reimbursed home visit (IV-2) and update as appropriate at every face-to-face contact. Rows should be completed only for those community resources already in place or for which a concern/need was identified (checked).

				REFERRAL OUTCOME			
COMMUNITY RESOURCE *Check box if concern/need identified*	Already Receiving	Referral Offered	Referral Declined	Ineligible	Pending/ Wait List	Enrolled/ Receiving	Barriers*
Access and Utilization of Care							
Health insurance ☐							
Prenatal care ☐							
Primary care ☐							
Well baby care ☐							
Family planning ☐							
STIs/HIV ☐							
Oral health ☐							
Breast and cervical screening ☐							
Social and Financial Supports							
Child care/Day care ☐							
Clothing or other material needs ☐							
Transportation☐							
Supplemental Security Income (SSI) ☐							
Social Security Disability Insurance (SSDI) ☐							
Transitional Aid to Families with Dependent Children (TAFDC) ☐							
Emergency Aid to Elderly, Disabled, and Children (EAEDC) ☐							
Education ☐							
Employment/job training ☐							
Housing/shelters ☐							
Legal assistance ☐							
Energy/fuel assistance ☐							
Department of Revenue/Child Support ☐							
Nutrition							
WIC ☐							
Supplemental Nutrition Assistance Program (SNAP) ☐							
Food pantry ☐							
Farmer's Market ☐							
Nutritionist/nutrition consultant ☐							

Participant's Name: _____ Date: _____ DPHID#:_____

				REFERRAL OUTCOME			
COMMUNITY RESOURCE *Check box if concern/need identified*	Already Receiving	Referral Offered	Referral Declined	Ineligible	Pending/ Wait List	Enrolled/ Receiving	Barriers*
Breastmilk feeding							
Lactation consultant ☐							
Breastmilk feeding support group ☐							
Cognitive and Perceptual							
Counseling ☐							
Department of Developmental Services ☐							
Massachusetts Rehabilitation Commission ☐							
Environmental Health and Safety							
Healthy Homes ☐							
Legal assistance/housing law ☐							
Car seat safety ☐							
Alcohol, Tobacco and Other Drugs							
Smoking cessation ☐							
Substance use disorder services ☐							
Violence							
Family violence ☐							
IPV ☐							
Child Abuse and Neglect/DCF ☐							
Emotional Health							
Individual counseling ☐							
Couple/family counseling ☐							
EIPP mental health visit ☐							
EIPP support group ☐							
Other							
☐							
☐							
☐							

*Barriers: 1 = time/availability, 2 = language, 3 = transportation, 4 = cost, 5 - lack of child care, 6 = incarcerated, 7 = other

What is this form? EIPP Education Checklist

Who completes it? The EIPP provider who conducted the home visit.

When do I use it? The education checklist is completed during the second home visit with a participant and updated appropriately throughout the program.

How do I use it? Use the education checklist to determine which parent education modules will be most appropriate for a participant.

EIPP EDUCATION CHECKLIST

Instructions: Complete this form after each face-to-face contact and ensure it is attached to the Home Visit Plan. Check only those topics where education and/or a brief intervention was provided on the topic during this visit. If a referral was offered, please document on the Referral Checklist.

Education Topics	Education/Brief intervention provided	Education Topics	Education/Brief intervention provided
Physical Activity, Nutrition, & Breastmilk Feeding			
Exercise schedule & routine	☐	Child feeding & nutrition	☐
Prenatal vitamins & folic acid	☐	Breastmilk Feeding: anticipatory education	☐
Healthy diet & healthy weight	☐	Breastmilk Feeding support	☐
Oral Health			
Parental oral care	☐	How & when to access a dentist/hygienist	☐
Child oral care	☐	How to talk to a dentist/hygienist	☐
Environmental Health & Safety			
Childhood injuries	☐	Child passenger safety/car safety	☐
Home safety	☐	Safe sleep practices	☐
Food contaminants	☐	Traumatic brain injury	☐
Lead poisoning prevention	☐	Fire safety (including scalds)	☐
Poisonings	☐	Water safety (i.e. drowning)	☐
Asthma management	☐		
Healthy Parenting			
Prenatal Care & Fetal Development		**Post-Birth**	
Preparation for childbirth	☐	Attachment & bonding - parent	☐
Prenatal care schedule	☐	Appropriate expectations - siblings	☐
Fetal growth and development	☐	Stress management/coping strategies	☐
Infant & Child Health			
Basic infant care	☐	Tummy time	☐
Developmental expectations	☐	Managing stress & infant stress	☐
Routine child screenings	☐		
Women's Health			
Reproductive life planning	☐	How & when to access care	☐
Reproductive (e.g., basic anatomy) & sexual health (STI/HIV, etc.)	☐	How to talk to a health care provider	☐
Other health concerns (e.g., cardiovascular, diabetes, cancer)	☐		
Alcohol, Tobacco, & Other Drugs			
Tobacco, alcohol, & other drugs during pregnancy	☐	Smoking cessation	☐
Healthy Interpersonal Relationships			
Developing & keeping healthy relationships	☐	IPV warning signs & safety plan	☐
Emotional Health & Social Connectedness			
Maternal life course & development	☐	Social connectedness & support	☐
Postpartum depression	☐	Managing chronic mental health issues	☐
Managing mood & anxiety	☐		
Other			
	☐		☐

What is this form? EIPP Home Visit Plan

Who completes it? The EIPP provider who conducted the home visit. If two EIPP providers attended the visit together, only one home visit form needs to be completed and signed by both providers.

When do I use it? After each face-to-face contact with a participant.

How do I use it? The home visit plan acts as a summary of each visit, allowing the provider to document the activities completed and plan for next steps.

Participant Name: _____ Participant ID: _____

EIPP HOME VISIT PLAN

Instructions: Complete and sign after every face-to-face contact with an EIPP Participant.

Date of Visit: _____Length of Visit in Minutes (circle one): 15 30 45 60 75 90 105 120 ____

Who Performed the Visit (circle all that apply)? MCH Nurse LMHC/SW CHW Interpreter Lactation Consultant Nutrition Consultant Other_____

Type of Visit (circle one): IV-1 IV-2

Prenatal: 2 3 4 5 6 7 8 9 10 __

Postpartum: 1 2 3 4 5 6 7 8 9 10 __

CHA/EI Screen: 2 4 6 8 10 12

Prior Authorized: PA1 PA2 PA3 PA4 PA5 PA6 PA7 PA8 PA9 PA10 PA11 PA12 PA13 PA__

Non Billable Visit

Location of Home Visit (check all that apply):

- ☐ Participant's Home
- ☐ Hospital
- ☐ Substance Abuse Shelter/Agency
- ☐ Family Shelter
- ☐ Community Health Center
- ☐ EIPP Group
- ☐ Community Based Agency
- ☐ Friend/Family Member's Home
- ☐ Physician/Medical Office
- ☐ WIC
- ☐ EI/EIPP
- ☐ Public/Community Space
- ☐ DTA
- ☐ Court/Prison
- ☐ Other Specify: _____

Type of Insurance: Mother's Health Insurance (check all that apply):

☐ MassHealth MCO, ID#_____

If MCO, which one (check one):

- ☐ BMC Health Plan, ID#_____
- ☐ Tufts Public Plans, ID#_____

☐ MassHealth ACO, ID#_____

If ACO, which one (check one):

- ☐ Berkshire Fallon Health Collaborative, ID#_____
- ☐ BMC HealthNet Community Alliance, ID#_____
- ☐ BMC HealthNet Mercy Alliance, ID#_____
- ☐ BMC HealthNet Signature Alliance, ID#_____
- ☐ BMC HealthNet Southcoast Alliance, ID#_____
- ☐ Community Care Cooperative, ID#_____
- ☐ Fallon 365 Care, ID#_____
- ☐ Fallon Health Wellforce Care Plan, ID#_____
- ☐ HNE Be Healthy Partnership, ID#_____
- ☐ Lahey Clinical Performance Network, ID#_____
- ☐ NHP My Care Family, ID#_____

MassHealth ACO, continued

- ☐ Partners Health Care Choice, ID#_____
- ☐ Steward Health Choice, ID#_____
- ☐ Tufts Health Together with Atrius Health, ID#_____
- ☐ Tufts Health Together with BIDCO, ID#_____
- ☐ Tufts Health Together with Boston Children's ACO, ID#_____
- ☐ Tufts Health Together with CHA, ID#_____

- ☐ MassHealth PCC, ID#_____
- ☐ MassHealth Limited, ID#_____
- ☐ MassHealth Other, ID#_____
- ☐ Medicare, ID#_____
- ☐ Private, specify:_____
- ☐ None (self-pay)
- ☐ Unknown

Completed Activities: List activities that are completed during this visit, handouts or resources provided, and referrals made

Next Steps: Together with the family, identify activities to be completed by/at the next visit (educational topics to cover, follow up, possible future referrals, handouts or resources to provide, etc.)

The EIPP team and I have made this plan together and all my questions about this plan have been answered:

Participant Signature _____ EIPP Team Member(s) Signature: _____

Date:_____

What is this form? Child Postpartum Data Collection Form

Who completes it? Any EIPP provider.

When do I use it? After the birth of a child and updated at regular time points throughout the program.

How do I use it? The data collection form allows the provider to document important child outcomes.

Participant's Name: _____ Date: _____ DPHID#:_____

EIPP CHILD POSTPARTUM DATA COLLECTION FORM

Instructions: Start this form following the birth of a child for every EIPP Participant and updated as appropriate. If there are multiples, complete this form for each child.

EIPP PARTICIPANT'S POSTPARTUM INFORMATION

Child's Last Name: _____ Child's First Name: _____ Child DOB: _____

Child Sex: ☐ Male ☐ Female Child Birth Weight: _____

Type of Delivery:_____ Birth Complications: _____

Immunizations:

HepB:	1	2	3
Dtap:	1	2	3
Hib:	1	2	3
IPV:	1	2	3
PCV7:	1	2	3

AT BIRTH

Is EIPP Child being fed breast milk at birth?

☐ Yes ☐ No

Date Assessed: _____

Is EIPP Child being fed exclusive breast milk at birth? (Choose One)

☐ Yes ☐ No

If no, reasons why (check all that apply)

☐ Not enough milk ☐ Formula more convenient ☐ Poor weight gain
☐ Breast related problems ☐ Return to work, school, or separation ☐ Child too hungry
☐ Medical reasons ☐ Child weaned self/nursing strike/biting ☐ Other
☐ Personal reasons ☐ Unknown

AT TWO MONTHS POSTPARTUM

In which one position do you most often lay your baby down to sleep?

☐ Side ☐ Stomach ☐ Back

In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

□ Always
□ Often
□ Sometimes
□ Rarely
□ Never

Participant's Name: _____ Date: _____ DPHID#:_____

Was an ASQ-3 Completed at <u>two months</u> postpartum? (Choose One)

☐ Yes ☐ No

Date of ASQ-3: _____

Document Scores Below:

Area	Total Score	Area	Total Score	Area	Total Score
Communication		Fine Motor		Personal Social	
Gross Motor		Problem Solving			

If no, check one reason why:

☐Child in NICU ☐Child not living with EIPP participant ☐Other,

☐Child asleep ☐EIPP Participant refused Specify: _____

☐Child died ☐Unable to locate EIPP participant

<u>AT SIX MONTHS POSTPARTUM</u>

Is EIPP Child fed any breastmilk <u>at 6 months</u> postpartum? (Choose One)

☐ Yes ☐ No ☐ N/A

Date Assessed: _____

If no, reasons why (check all that apply)

☐ Not enough milk ☐ Formula more convenient ☐ Poor weight gain

☐ Breast related problems ☐ Return to work, school, or separation ☐ Child too hungry

☐ Medical reasons ☐ Child weaned self/nursing strike/biting ☐ Other

☐ Personal reasons ☐ Unknown

Participant's Name: _____ Date: _____ DPHID#:_____

What is this form? Participant Postpartum Data Collection Form

Who completes this form? Any EIPP provider.

When do I use it? After the birth of a child and updated at two and four months postpartum.

How do I use it? The data collection form allows the provider to document important postpartum outcomes.

Participant's Name: _____ Date: _____ DPHID#:_____

EIPP PARTICIPANT POSTPARTUM DATA COLLECTION FORM

Instructions: Start this form following the birth of child for every EIPP Participant and update as appropriate.

Was participant contacted for support in feeding with breastmilk within 48 hours of giving birth: ☐ Yes ☐ No

If no, check one reason why:

☐EIPP participant refused
☐Participant found alternative support
☐Unable to locate EIPP participant
☐Other, Specify: _____

AT TWO MONTHS POSTPARTUM: Postpartum Visit and Contraception

Did participant attend a postpartum visit with their health care provider? ☐ Yes ☐ No

Date of postpartum visit: _____

Did visit occur between 21 and 56 days postpartum? ☐ Yes ☐ No

If no, check one reason why:

- ☐ An appointment not available between 21 to 56 days
- ☐ Seen before 21 days and informed that an appointment between 21 and 56 days was not necessary
- ☐ Health insurance ran out before EIPP Participant could attend visit
- ☐ Domestic Violence issues
- ☐ Transportation barriers
- ☐ Child Care barriers
- ☐ Declined
- ☐ Back to work and unable to negotiate time off
- ☐ Missed scheduled visit
- ☐ Unable to locate EIPP Participant to confirm attendance at visit
- ☐ Other, specify: _____

Participant reports current use of at least one of the following contraceptive methods (check all that apply):

- ☐ Abstinence
- ☐ Cervical Cap
- ☐ Depo-Provera (Injectable)
- ☐ Diaphragm
- ☐ Emergency Contraception
- ☐ Female Condom
- ☐ Female Sterilization
- ☐ Fertility Awareness
- ☐ Implanon (Implant)
- ☐ Intrauterine Contraception
- ☐ Male Condom
- ☐ Male Sterilization
- ☐ Oral Contraception (Birth Control Pills)
- ☐ OrthoEvra (Transdermal Patch)
- ☐ Rhythm
- ☐ Spermicides
- ☐ Sponge
- ☐ Vaginal Ring
- ☐ Withdrawal
- ☐ None

AT FOUR MONTHS POSTPARTUM: Literacy Screen

Ask participant: In the past 7 days, how often have you read to, sung to, or told stories to your child?

- ☐ Every day
- ☐ Most of the days (5 or 6)
- ☐ About half of the days (3 to 4)
- ☐ Just a couple of days (1 to 2)
- ☐ Not at all

What is this form? Home Visit 3 (And Beyond) Protocol

Who completes it? Any EIPP Provider conducting the home visit.

When do I use it? During the third and all subsequent home visits with a participant.

How do I use it? Use this as a guide when conducting home visits 3 and beyond. The protocol includes the necessary steps and forms for these home visits, although providers will use their own experience and expertise to tailor the information to the needs of the individual family.

Early Intervention Parenting Partnerships (EIPP)

Home Visit 3 (And Beyond)

Objectives:

1. Review the participant's current goals and update as needed.
2. Assess the participant's progress on identified goals.
3. Connect the participant to education and resources guided by the Education Checklist and Referral Checklist.

Check-in:

- Ask the participant if they have any questions about the skills or information they have learned through the program so far.
- Ask the participant for any updates since the last visit that are important for you to know.
- Ask the participant if they were able to follow up on the action steps determined at the end of the previous visit. Did they:
    - Practice a skill?
    - Act on a referral?
    - Reach out for support?
- If they were able to follow up on the action steps, provide lots of praise and encouragement.
- If they were not able to follow up, be empathic. Sometimes taking on new things is hard, even if you really need them. Tell them you are here for support, and ask about specific barriers.
    - Depending on the specific task, this may be an appropriate time to encourage the use of the FIND technique.
- Review the goals listed in the **Family Care Plan**, and update as necessary.
- Based on the participant's current needs and progress to date, set a simple agenda for today's visit.

Emergent Situations:

- If the participant reports an emergent situation requiring immediate attention (such as housing instability, intimate partner violence, or child abuse), this should be the first agenda item and may require the majority of the visit.
- Your response depends on the situation. The level of response will depend on whether the situation is considered high, medium, or low risk.
    - High Risk:
        - Assess for safety risk.
        - **If you are in danger, leave the home immediately.**
        - Once you are safe, dial 911.
        - Follow up with the participant when possible to determine the outcome. Consult with your supervisor on appropriate next steps.
    - Medium Risk:
        - Assess for safety risk.

        - If the situation is critical but does not impose an immediate risk, connect with appropriate resources during the home visit (i.e., Department of Children and Families, the BEST team).
        - Use relevant EIPP resources as a guide.
    - Low Risk:
        - Assess for safety risk.
        - If it is a low risk situation, help participant identify possible solutions.
        - The FIND technique can be helpful in critical situations that do not pose an immediate risk.
        - Use relevant EIPP resources as a guide.
- In high and some medium risk situations, the most important thing is for you to ensure your own safety and that of others. You will therefore have to act quickly and decisively. However, in low risk situations, you may be able to engage participant in the problem solving process. As much as possible, avoid telling them directly what to do, but instead, use the FIND technique and open ended questions to help guide them towards possible strategies.

Parent Education:

- Choose 1-3 topic(s) from the education checklist, based on the participant's current needs.
- Review selected topic(s), using the relevant module(s) as a guide. Engage in a conversation around each topic, encouraging the participant to ask questions.
    - Collaborate with the participant to determine concrete action steps. Will they:
        - Practice a program skill?
            - Spend a few minutes discussing how this will happen. When and where will they practice? Do they anticipate any barriers? Having a concrete plan increases the likelihood that the practice will happen.
        - Act on a referral?
            - If a referral was discussed during the visit, decide how the provider and participant will work together to ensure the connection is made.
        - Reach out for support?
            - If increased social support is an identified goal, collaborate on a concrete action step. Will the participant attend a group? Plan a walk with a friend? Attend a community event?
- Remind the participant that trying new things is often difficult at first. Just like any other new behavior, the more we practice, the easier and more natural it becomes. Let them know that you will follow up next visit to see how it went.

Praise and Wrap Up:

- ***Complete the home visit plan.***
- Schedule the next home visit if possible.
- Thank the participant for their participation and identify strengths noted during the visit.

Ongoing Assessment

Ongoing assessment is critical in any evidence based program, to monitor participant progress and program fidelity. In addition to EIPP home visits, the MCH Nurse or Licensed Mental Health Clinician/Social Worker must complete the CHA at 2 month intervals throughout the course of a participant's engagement in the program: Initial CHA, 2, 4, 6, 8, 10, and 12 months. The Ages and Stages Questionnaire should also be completed at each CHA administration.

In addition to these required assessments, EIPP providers should use the screens for IPV, depression, and alcohol/substance use as clinically indicated. For example, if a participant denied IPV during the initial CHA, but discloses relevant information at a later point.

MCH Nurse or Licensed Mental Health Clinician/Social Worker visits will be limited to assessments at 6 months postpartum; however, the Community Health Worker can conduct home visits as needed until the child's first birthday.

What is this form? EIPP Discharge Form

Who completes it? Any EIPP provider.

When do I use it? After a family exits the EIPP program.

How do I use it? The discharge form summarizes the reason a family is exiting EIPP and any new programs they will enter after EIPP.

EARLY INTERVENTION PARENTING PARTNERSHIPS

DISCHARGE FORM

EIPP PARTICIPANT INFORMATION

Last Name: First Name: ID#

_____ _____ _____

DISCHARGE INFORMATION

Date of Discharge: _____ (date should be the date after the last face to face contact)

Reason for Discharge (check only one):

- ❒ Child turned one year old
- ❒ Child under one, services deemed unnecessary
- ❒ Transferred to other EIPP
- ❒ Eligible for EI
- ❒ Moved out of area
- ❒ Unable to contact family
- ❒ Family no longer desired services
- ❒ Child died
- ❒ Miscarriage - Termination date: _____
- ❒ Stillbirth - Fetal death date: _____
- ❒ Incomplete intake - family seen, no CHA completed
- ❒ Missed three appointments
- ❒ Participant arrest/incarceration
- ❒ Participant rehab admission
- ❒ Newborn entered foster care/adoption - no plans for reunification
- ❒ Other, specify: _____

What new program, if any, is the family moving into? (check only one)

- ❒ No program
- ❒ Early Intervention
- ❒ DPH Care Coordination
- ❒ Head Start/Early Head Start
- ❒ Other, specify: _____
- ❒ Unknown

Discharge/Transition Plan Summary

EIPP team successfully completed transition with family:

☐ **Yes** ☐ **No**

EIPP Staff Signature: _____ Date: _____

Early Intervention Parenting Partnerships (EIPP): Ongoing Engagement & Transition Planning Strategies

Overview

This section focuses on the second two phases of program engagement, beyond the ***initial engagement*** process covered earlier in the manual (Home Visit 1, pp. 17-18). Following are descriptions of the ***ongoing engagement*** and ***transition*** phases as well as specific strategies for these phases.[13]

Ongoing Engagement – What is it, and how can it be improved?

Families that are well engaged in services are more likely to complete the program and maximize its benefits. Similarly, where there are challenges to engagement, it is important to address them and attend to the relationship. Ways to accomplish these goals include *maintaining motivation* of families to participate in the program, and where things get "off track" for families, *addressing ruptures* (i.e., emergence of various types of barriers that may interfere with participation).[14]

Maintaining Motivation versus Addressing Ruptures

Activities to maintain motivation and address ruptures are closely linked. Motivation consists of emotional, cognitive, and behavioral investments in services; that is, whether families are willing to expend valued personal resources (e.g., time, attention) rather than simply showing up. In principle, once engaged in family-driven services like EIPP, families should remain so given that they help determine the activities in which they participate. In practice, without efforts to maintain motivation, services can take a back seat to the many other priorities in families' lives.

Ruptures are the flip side of the motivational coin, where a family becomes less engaged due to barriers that may arise in the service process. Ruptures can emerge quickly or over time. They vary widely, but share in common that they interfere with committed participation in services.

Strategies for Maintaining Motivation

Ensuring Adequate Service Intensity

- ***Service intensity*** is an important consideration in flexible home visiting programs such as EIPP.[15] It is important to match intensity to the needs and motivation of the family. Note that there are instances in which a family can be visited *too much*. Some tips:
    - **Discuss frequency of visits to a family in team supervision**. Is a given participant, family being visited frequently enough?
    - **Progress check-ins** on the family's impressions of progress can be helpful in informing these discussions (see "Tracking & Reflecting Progress", below).

- ***Maintaining contact*** is another important consideration in coordinating home visits during the ongoing engagement period***.*** In a variety of types of services, perhaps the most important aspect of consistency is a **consistent relationship** with individual providers.
    - Ideally, expectations should be that a ***participant and family have consistent contact with at least one person from the team throughout services***.

Tracking & Reflecting Progress

- ***Progress tracking*** and ***reflecting progress*** can help in maintaining motivation.
    - Progress tracking can be as simple as "checking in" with participants frequently on how they are feeling about their status and progress while receiving services. This simple step has been shown to improve outcomes in many types of services.[16]
- **Progress Tracking Methods.** A variety of tools can be used, so long as they are used regularly and consistently, *preferably every visit****.*** Three commonly used methods of monitoring are tracking ***service satisfaction***, as well as ***service goals*** or ***care plan goals***.
    - **Service satisfaction.** Simple, global questions about perceptions of progress can be used and paired with a standard likert scale (see "Tracking Satisfaction" inset).
    - **Service goal achievement**. Specific types of progress tracked in the EIPP program include tracking *completed referrals*, and tracking education provided.
        - Completed referrals. Use the *Referral Checklist* at sessions to track referrals made and completed, as well as intervening steps and barriers.
        - Educational achievement. Use the Education Checklist to track progress toward service goals.
    - **Care plan achievement**. Is progress being made toward *Family Care Plan* goals?
- **Reflecting Progress**
    - Tracking progress maintains motivation only if the participant(s) is reflecting on it!
    - Progress reflecting should be a *formal part of every session*.
    - Do not simply tell the participant(s) the progress that *you* believe has been made. Let them articulate how they perceive their progress, using tracking data (e.g., for parent education goals: asking ways in which the content taught has been useful).

Addressing Engagement Ruptures

Causes of "ruptures" vary, and different types of approaches are required for different rupture types.[14] Potential types of ruptures include:

- **Logistical issues** (e.g., seldom home, transportation to groups). These may require persistence or clear communication with the participant about logistical obstacles. For example, the times the participant is

most likely to be home, tangible support (e.g., assistance with transportation), reminders of appointments with program or other services, etc.

- **Challenges to health & well-being.** These are the various types of barriers that interfere with helping participants build their knowledge, skills, and supports for parenting:
    - ***Focused or specific challenges*** (i.e., those that are focused enough to be appropriately handled in the EIPP program) can be addressed using the FIND technique or other techniques in this section.
    - ***More serious or chronic challenges*** may require referrals within or outside of the team (often as part of transition to EI or other more intensive services), *though support from the EIPP team in ensuring that these referrals occur may still be important* (e.g., difficulties engaging in services because of depression or substance use).
- **Provider-family relationship ruptures.** This rupture may require ongoing, close attention. Types of relationship ruptures are described below ("Focus: Provider-Family Relationships").

Focus: Provider-Family Relationship. Three areas in which a relationship might be lacking include a lack of common *bond* or mutual *understanding of needs* (or alternatively, goals) or *of tasks*:

- **Lack of bond:** A participant does not feel that their provider empathizes with or understands their caregiving strain (bond). ***In this situation, addressing the rupture may involve using more reflective listening*** with the participant to demonstrate understanding.
- **Lack of mutual understanding of needs or goals:** A participant does not think they are under parenting strain when the issue is raised by the provider (although their complaints at other times suggest otherwise). *In this situation, the provider might review the Family Care Plan* with the participant to ensure a common understanding of the participants' priorities for support.
- **Lack of common understanding of tasks:** A participant understands that parenting strain needs to be addressed, but does not understand how parenting skill development can help. Addressing this issue might involve strategies for getting "on the same page" with the participant about the solution (e.g., Motivational Interviewing strategies; as described later in this section).

What happens when the family stops participating?

Families sometimes "vote with their feet" and simply stop attending sessions. In these situations, wherever possible, *get a confirmation that the participant wishes to discontinue services and find out why*.

- Reconnect with a family through systematic contacting (e.g., multiple attempts at different times) and drop ins (visiting at home, without appointment).
- Ultimately, continuing in services is the participant's decision. Help them make it *willingly but consciously.*

Other Strategies

Three other strategies for Ongoing Engagement are described below, including *Planning Ahead* and *Motivational Interviewing.*

Planning Ahead

- **Why is this helpful or important?**
    - People often respond to barriers in a reactive way (e.g., after an issue has occurred). However, some barriers are recurring and can sometimes be prevented or managed more effectively if a plan is developed in advance.
- **When can this be applied?**
    - Responding to routine, regularly occurring challenges (e.g., struggling to pay rent).
- **How is this applied?**
    - *Identify contributing factors and* ***triggers*** (events that lead a problem to surface again).
    - *Identify small preventive steps* that can be taken if and when triggers emerge.
    - *Discuss how the concern will be handled* if it occurs (i.e., despite addressing triggers).
    - *Communicate the plan* with whoever will be involved in implementing it.

Motivational Interviewing

- **Why is this helpful or important?**
    - A motivated participant is more likely to actively participate and use program skills.
- **When can this be applied?**
    - Sometimes a participant can feel discouraged or unmotivated. This may come out as interfering behaviors (e.g., skipping scheduled appointments).
- **How can this be applied?**
    - **D**evelop discrepancy (with interfering behavior): Ask the participant to identify the pros and cons of holding on to whatever is getting in the way.
    - **E**xpress empathy: Ask the participant about their long-term goals or important values.
    - **A**mplify Ambivalence / **R**oll with Resistance: Discuss with the participant how the behavior helps or hinders their goals. If they start to object, do not argue – instead, help them express their objections (paradoxically, this is more effective!)
    - **S**upport self-efficacy: Identify <u>one small step</u> to take toward their goals.[15]

Transition to post-services: Ensuring a successful outcome

Transition consists of ***preparing families to exit*** services, and may also include limited activities ***ensuring post-exit adjustment***. Regardless of the cause for service exit (e.g., their own preference, losing eligibility, or other reasons), many families benefit from identifying unmet needs. Families can also benefit from transition planning to ensure that they retain their gains.

Preparing Families to Exit. Preparing families to exit services involves identifying unmet needs and transition planning.

- ***Identifying unmet needs****.* Unmet needs are those that would benefit from referral to other services (including Early Intervention ["EI"] or other services for the child, participant, or family), or focused planning to help buttress non-professional supports (e.g., friends and family to help out with childcare). They can be identified at a variety of points:
    - *In the initial planning process*. Some needs incorporated into the Family Care Plan may appear achievable at the outset of services, but turn out to be more severe.
    - *During services (i.e., during ongoing engagement).* Needs usually emerge over time working with a family. *These changes should be expected* and receive attention.
    - *During the transition process****.*** Needs may emerge as participants consider any implications of the loss of program support.
- ***Transition planning.*** Regardless of level of need, all families can benefit from transition planning to help them make sense of their service experiences and retain knowledge and skills they may have gained through their service involvement. These activities include:
    - *Reviews of progress*, where the provider and participant reflect on gains made over the course of services (and areas for continued growth).
    - *Reviews of knowledge and skills* covered in specific education and training modules.
    - *Planning* to address ongoing needs requiring continuing resources (e.g., childcare).

Post-exit Support. The post-exit phase allows follow-up with the family regarding any issues that might impede continued progress after the program has ended. Two such activities include:

- ***Post-exit check-ins.*** Post-exit check-ins, usually conducted by phone, involve a brief assessment with a participant of maintenance of gains in the program, and needs for support. Some limited problem solving can occur (especially if oriented to identifying referrals).
- ***Post-exit referrals.*** Sometimes post-exit referral needs may only become apparent once a participant has left the program. If the check in call indicates that the families' needs may require additional support, this is an appropriate point to initiate a referral process. Best practices for referrals should be followed in the same manner as during services.

Section VI: Parent Education & Training Modules

The Parent Education section provides psychoeducational materials for providers when working with families. It was designed to support providers in explaining various topics to caregivers. These modules cover a number of educational areas, such as prenatal care and development, attachment, and healthy lifestyle choices.

These modules are organized according to three common areas of concern: 1) What are the fundamentals? 2) Why is this important? and 3) Resources that can help providers and participants learn more. They are guiding tools. Additional outside resources may be necessary depending on the family's need.

Physical Activity, Nutrition, & Breastmilk Feeding

Exercise Schedule & Routine

What are the fundamentals?

1. ***Incorporate regular exercise into your daily routine.*** Incorporating even three, 20-minute periods of physical activity each week can have significant health benefits.
    - An active lifestyle has been shown to decrease the risk of a number of life threatening illnesses such as heart disease, stroke, and even cancer.
    - Regular physical activity also demonstrates benefits for mental health, as it can help reduce stress and improve mood.
2. ***Find exercise you enjoy.*** You are much more likely to maintain an exercise routine you like. Many people find it fun to exercise with others, such as walking with a friend or attending an exercise class at your local YMCA.

Why is this important?

- Regular exercise and activity can promote health and wellbeing in many areas of wellness including physical, emotional, mental, and cognitive health.

Resources that can help providers and participants in learning more:

- The Benefits of Physical Activity: https://www.nhlbi.nih.gov/health/health-topics/topics/phys/benefits

Prenatal Vitamins & Folic Acid

What are the fundamentals?

1. ***Include prenatal vitamins in your diet while trying to conceive, pregnant, or nursing.***
    - Specific vitamins to look for include:
        - Iron: prevents anemia, supports fetal growth and development
            - Some sources of iron include: red meat, beans, and spinach
        - Omega-3 fatty acids: promotes brain development
            - Some sources of Omega-3 fatty acids include: fish, eggs and walnuts
        - Calcium and Vitamin D: support bone growth and strength
            - Calcium and Vitamin D are especially important during the third trimester
            - Some sources of calcium include: milk, yogurt, kale, and soybeans
            - Some sources of Vitamin D include: tuna, salmon, and egg yolks

2. ***Include folic acid in your diet while trying to conceive or pregnant.*** Folic acid helps prevent birth defects, including in the brain and spinal cord, and can be found in:

- Fortified breads and cereals
- Leafy green vegetables
- Oranges
- Beans
- Poultry

3. ***Learn how to manage any side effects.*** Sometimes prenatal vitamins cause constipation or queasiness. Some strategies that can help you feel more comfortable:
    - Drinking plenty of fluids
    - Including more fiber in your diet
    - Including physical activity in your daily routine
    - Taking your prenatal vitamin with a snack
    - Taking your prenatal vitamin before bed

Why is this important?

- Prenatal vitamins promote health for both pregnant participants and their children.
- Even when eating a healthy diet, some people do not get enough of some key nutrients.
- Individuals have greater needs for some vitamins and minerals while pregnant, trying to conceive, or breastmilk feeding.
- Vitamins or supplements can help fill nutritional gaps.

Resources that can help providers and participants in learning more:

- Women's Health - Folic Acid: https://www.womenshealth.gov/files/documents/folic-acid-factsheet.pdf
- CDC - Preconception Clinical Care for Women, Nutrition: https://www.cdc.gov/preconception/careforwomen/nutrition.html
- Mayo Clinic - Prenatal vitamins: Why they matter, How to choose: http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-vitamins/art-20046945

Healthy Diet & Healthy Weight

What are the fundamentals?

1. **Create a healthy eating plan according to your age, height, weight, sex, and level of physical activity.** The Department of Health and Human Services and Department of Agriculture recommend the following daily totals, based on a 2,000-calorie daily diet:
    - Consume 2 ½ cups of vegetables from all of the subgroups: dark green, red and orange, legumes (e.g. beans and peas), and starchy.
    - Consume 2 cups of fruit and 100% fruit juice, with at least half from whole fruits.
    - Consume 6 ounces of whole grains, and limit intake of items that contain refined grains such as cookies, cakes, and other snack foods.
    - Consume 3 cups of fat-free or low-fat (1%) dairy products including milk, yogurt, cheese or soy.
    - Consume 5 ½ cups of protein, including seafood, meats, poultry, eggs, nuts, seeds and soy products.
    - Limit *added sugars, salt, saturated and trans fat food products* (e.g. food items that contain butter, whole milk, cream, palm oils etc.). It is recommended that:
        - Less than 10 percent of daily calories are from added sugars
        - Less than 10 percent of daily calories are from saturated fats
        - Less than half a teaspoon of sodium is consumed daily

2. **Incorporate physical activity** with your healthy eating plan to increase your energy and promote your overall health and well-being.
3. ***How to make healthy shifts:***
    - Start with small changes that reflect your personal preferences, culture, and traditions. Every food choice is an opportunity to move toward healthier eating.
    - Read nutrition fact labels on products to understand more about the content of the foods you are consuming. Swap out a food or ingredient for a healthier option.
    - Work towards a diet of the recommended amounts of whole fruits, a variety of vegetables and proteins, whole grains, and lower fat or fat free dairy products.
    - Stick with it. Shifting to healthier choices becomes easier over time.

Why is this important?

- Developing healthy eating patterns can help you achieve and maintain good health over your lifetime and reduce the risk of chronic disease.
- Choosing healthy food and beverages, along with regular physical activity, can help you maintain a healthy body weight.

Resources that can help providers and participants in learning more:

- Dietary Guidelines for Americans 2015-2020: https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf; https://health.gov/dietaryguidelines/2015/resources/DGA_Recommendations-At-A-Glance.pdf
- MyPlate Daily Checklist: https://www.choosemyplate.gov/MyPlate-Daily-Checklist
- FDA; Nutrition Facts Label: https://www.accessdata.fda.gov/scripts/InteractiveNutritionFactsLabel/#whats-on-the-label

Child Feeding & Nutrition

What are the fundamentals?

1. ***Identify components of a healthy diet for a child.*** Breast milk or formula should be your child's primary food for the first year and only food for about the first 6 months. Cow's milk should be avoided before 12 months.
    - Children who are exclusively breastfed need Vitamin D supplements.
    - When introducing solid foods, try a wide variety of single-ingredient foods, such as meats, fruits, or vegetables.
    - Juice is not recommended for children, as it can lead to excessive weight gain or diarrhea.
2. ***Learn signs of healthy weight gain in a child.*** Most children initially lose weight after birth, then will begin to gain weight. Early well-child appointments include monitoring for healthy weight gain.
    - On average, children will triple their birth weight during the first year.
    - Signs that your child is getting enough to eat:
        - 6-8 wet diapers per day and regular bowel movements
        - Sleeping well
        - Alert when awake
        - Not overly fussy
3. ***Identify signs that your child is hungry.*** Children grow at different rates and need different amounts of food. During growth spurts (periods of increased eating and growth) your child will eat more for a brief

period of time and may seem fussier or have a change in sleep patterns. Most children eat 8-12 times per day during their first weeks and should be fed whenever hungry.
    - The amount of food your child needs is influenced by their size, activity level, and how quickly their body uses energy. Signs a child is hungry include:
        - Moving their head from side to side
        - Opening their mouth and/or sticking out their tongue
        - Placing their hand or fist to their mouth
        - Nuzzling their mother's breast
        - Trying to "latch on" or rooting for food
        - Fussiness
    - Some children do not gain weight or grow as expected and may be diagnosed as failure to thrive. There are many different causes of failure to thrive and they should be treated by a doctor.
4. ***Know how and when to introduce solid foods.*** Breast milk or formula should be a child's main source of food until 12 months, but introducing solids at about 4 – 6 months can introduce variety and be a fun source of exploration. There is also evidence that introducing solids around this time can help prevent allergies. When introducing solid foods, caregivers should introduce one new food at a time and watch for allergies.
    - Signs of allergies may include: vomiting, diarrhea, hives, eczema or other rash, swelling, and trouble breathing.
    - Common problem foods for children include: eggs, milk, peanuts, tree nuts, soy, and wheat.
    - Many children are ready to try solid foods around 4-6 months old, and they also:
        - Sit up and support their own head
        - Show an interest in food
        - No longer show the tongue thrust reflex
    - Start with foods that are naturally soft, easy to pick up, and can be gummed or that dissolve quickly in the mouth.
    - Avoid foods that present a choking hazard, such as whole grapes, raisins, hard candy, or foods that are high in sugar or salt.
    - Honey should not be given to children until they are one year old because of the risk of botulism.
5. ***Involve your child in meals to begin healthy habits.*** Meals are about more than food and should be shared with family or friends.
    - Adults can model healthy, positive eating habits for their children.
    - Meals offer an opportunity to bond with your child as you provide for them. Put away your cell phone and other electronic devices during meal times to allow you to focus on each other as a family.
    - Children should never eat alone because of choking risk.

Why is this important?

- The first year of life is the most rapid time of growth during life, and a healthy diet is critical for the developing body and brain.
- Early habits around feeding and nutrition can establish long-term habits and patterns for food preferences and attitudes.
- During the first year a child's feeding and nutrition needs will change as they progress from needing to be fed to learning to feed themselves.
- Mealtime can be an enjoyable time for the whole family.

Resources that can help providers and participants in learning more:

- USDA: Feeding Your Child in the First Year (English and Spanish): http://wicworks.fns.usda.gov/wicworks/Topics/childfeedingtipsheet.pdf
- Feeding - What to Expect From Birth to 12 Months: https://www.zerotothree.org/resources/152-feeding-what-to-expect-from-birth-to-12-months
- Child and Newborn Nutrition: https://medlineplus.gov/childandnewbornnutrition.html
- Child and Newborn Nutrition (in Spanish): https://medlineplus.gov/spanish/childandnewbornnutrition.html
- Failure to Thrive: http://kidshealth.org/en/parents/failure-thrive.html
- Failure to Thrive (in Spanish): http://kidshealth.org/es/parents/failure-thrive-esp.html?WT.ac=pairedLink

Breastmilk feeding: Anticipatory Information

What are the fundamentals?

1. ***Discuss your plans for breastmilk feeding with relevant people***. Begin this process prior to the birth of your child so you can involve them in planning. Common parties include:
    - Your partner and family
        - So they can be prepared to support you
    - Your doctor
        - Include your plans to breastfeed in your birth plan
    - A lactation consultant
        - Ask about breastmilk feeding classes or other community resources
2. ***Make a breastmilk feeding plan with your partner and doctor.***
    - Promote skin-to-skin contact
    - Try to initiate breastmilk feeding within the first hour
    - Room-in with your child, so you can learn and respond to feeding cues
    - Receive assistance with latch and positioning
    - Avoid bottles, pacifiers, and formula samples
3. ***Be aware of early milk production and needs.***
    - Your first milk is colostrum, which is thicker and clear to yellowish in color.
        - Colostrum helps protect your child from allergies, viruses, and infections.
    - Most children can only eat about a teaspoon at a time when they are born. Your milk production will increase as your child's stomach gets bigger.
4. ***Work with your partner to plan their role in breastmilk feeding.*** This could include:
    - Helping to position your child
    - Providing liquids to the nursing mother
    - Finding ways to care for your child and nursing parent
5. ***Make sure you have the items you may need for breastmilk feeding:***
    - Nursing bras and pads
    - Nursing pillow
    - Bottles to store milk and feed your child, if you choose to pump
    - Breast pump, if you choose to pump
        - Health insurance, including Mass Health, is required to provide a pump

Why is this important?

- Experts recommend breastmilk feeding for at least the first 12 months, after this point you can continue breastmilk feeding for as long as you and your child like.
- Preparing to breastfeed prior to birth can increase the likelihood of successful breastmilk feeding.
- Breastmilk feeding offers health benefits to nursing parents (reduced risk of Type 2 diabetes and some types of cancer).
- Breastmilk is designed to protect children and reduces the risk of many illness and conditions including asthma, SIDS, childhood obesity, and ear infections.

Resources that can help providers and participants in learning more:

- Women's Health: Preparing to breastfeed: https://www.womenshealth.gov/breastfeeding/learning-breastfeed/preparing-breastfeed/#3
- Women's Health: Preparing to breastfeed (in Spanish): https://espanol.womenshealth.gov/breastfeeding/learning-breastfeed/preparing-breastfeed/#3
- FDA: Breastpumps: https://www.fda.gov/medicaldevices/productsandmedicalprocedures/homehealthandconsumer/consumerproducts/breastpumps/default.htm
- Lactation Education Resources: https://www.lactationtraining.com/resources/educational-materials/handouts-parents
- Massachusetts WIC Program http://www.mass.gov/eohhs/docs/dph/wic/you-got-what-takes.pdf

Breastmilk Feeding Support

What are the fundamentals?

1. ***Prepare for physical changes while breastmilk feeding.***
    - Postpartum parents start to feel milk come in the first few days after birth. This will make your breast size increase.
    - Frequent breastmilk feeding (feeding "8 or more in 24") will help your milk come in and decrease your chances of becoming engorged.
    - If you do not nurse frequently enough (8 or more in 24) you may develop engorgement. This may be uncomfortable for you, so it is important to nurse/express your milk frequently and use warm compresses for relief.
    - Severe engorgement can lead to mastitis, which is an inflammation/infection of the breast.
    - Breastmilk feeding causes your uterus to go back to its normal "pre-pregnancy" state. It is normal to feel cramping in the early days. Try a heating pad or talk to your health care provider about pain relief if you are uncomfortable.
    - Expect to be thirstier and have an increased appetite as breastmilk feeding progresses. Choose water first. Eat healthy snacks throughout the day to keep up your energy.
    - It is best to avoid illegal drugs, marijuana, alcohol, caffeine, smoking, and certain types of medications while breastmilk feeding. If you have specific questions, talk with your health care provider or lactation consultant.
    - Watch the child for signs of hunger which include:
        - Sucking a fist
        - Making mouthing movements
        - Smacking lips

- Moving head around
- Rooting/turning head to search for breast
- Crying is typically the last sign of hunger and may be a sign of something else

2. ***Identify a good latch and be sure to look for signs of milk transfer while breastmilk feeding.*** If a child is latched on properly, they should be covering most of the areola, their lips should be flanged out like fish lips, and their chin should touch your breast while their nose is free. Sometimes children need help getting a good latch:
    - Tickle child's lips to encourage him to open wide.
    - Pull child close, bringing chin and lower jaw to your breast first.
    - Aim your child's lower lip as far from the base of your nipple as possible.
    - A good latch should be comfortable for both you and child and you should be able to see your child swallowing.
    - Your child should have a wide open jaw, have regular sucking patterns, and you should see and hear sounds of swallowing.
3. ***Find a feeding position that works for you and your child.*** There are many ways to hold a child while nursing, with or without a nursing support pillow.
    - Some nursing parents cradle their child close to their body.
    - Children can nurse lying on their parent's chest.
    - Some parent's nurse lying on their side next to their child.
    - Always make sure your child's head is supported while nursing.
    - Parents that delivered by C-section may find the football hold more comfortable in the first few weeks.
4. ***Adapt your nursing as your child grows.*** As your child grows, feeding will change. Learn your child's hunger signs to identify how much and how often to nurse.
    - Your milk supply will change over time.
        - Staying hydrated and nursing/pumping often can help increase a low supply.
        - Oversupply can be uncomfortable and be relieved by hand expression or a cold compress.
    - If your child is easily distracted, limiting stimuli during nursing may help.
    - As your child gets older they may bite, especially when teething, distracted, or bored.
        - Try to stay calm if your child bites. It can be helpful to take a short break and then try again.
5. ***Get support.*** Many nursing parents benefit from a support network, which may include the following:
    - Trained professionals, such as a lactation consultant
    - Classes or support groups
    - Partners, family, and friends who are able to listen and help
    - Reach out to your WIC feeding with breastmilk peer counselor if you are enrolled in WIC
    - Call your health care provider or lactation consultant if you notice your child is not feeding frequently

Why is this important?

- Most postpartum individuals are able to breastfeed, but support helps their initial and continued success.
- Establishing a proper latch, holding technique, and understanding of a child's needs supports successful feeding with breastmilk.

Resources that can help providers and participants in learning more:

- Women's Health - Your Guide to feeding with breastmilk: https://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf
- Ameda Video (5 minutes) that illustrates latch: https://www.youtube.com/watch?v=6Hdhiii573A
- Online feeding with breastmilk support directory: www.zipmilk.org
- Massachusetts WIC Program: https://www.mass.gov/service-details/get-wic-breastfeeding-support-services
- Feeding your newborn - What to expect: https://kellymom.com/hot-topics/newborn-nursing/
- Mass DPH - Typical Newborn Feeding Patterns: http://www.mass.gov/eohhs/docs/dph/wic/typical-newborn-feeding-pattern-track-sheet.pdf
- Lactation Education Resources: https://www.lactationtraining.com/resources/educational-materials/handouts-parents

Oral Health

Parental Oral Care

What are the fundamentals?

1. ***Develop good oral health habits.***
    - Brush for two minutes twice a day
    - Floss once a day
    - Have teeth cleaned every six months
    - Eat a healthy diet
    - Drink plenty of water
    - Limit sugary foods and drinks

Why is this important?

- Good habits can help prevent many oral health issues.
- Developing good oral health habits for yourself can set a positive example for your child.

Resources that can help providers and participants in learning more:

- MA DPH Oral Health Guidelines: http://www.mass.gov/eohhs/docs/dph/com-health/data-translation/oral-health-guidelines.pdf
- ADA Consumer Resource: http://www.mouthhealthy.org/en

Child Oral Care

What are the fundamentals?

1. ***Learn ways to take care of your child's teeth and gums:***
    - *Teething:* Children typically begin teething between 4 and 6 months of age. Teething can lead to discomfort, excessive salvation, or redness of gums in areas of erupting teeth. If your child seems uncomfortable, try giving a chilled teething ring or a clean, cold object to gum on. The use of over-the-counter teething gels and topical anesthetics are discouraged due to potential toxicity of these products.
    - A child's gums should be cleaned after feeding. Use a moistened washcloth wrapped around one index finger to gently massage your child's gum tissues as you cradle your child with one arm.

- A child's primary teeth usually appear between 6 months old and a year. Once a child has teeth, caregivers should brush their teeth twice daily with an age-appropriate sized soft toothbrush.

2. ***Recommendations for child's oral health:***
    - By six months of age, a child should receive an oral health risk assessment from their pediatrician.
        - During this visit you can expect:
            - An inspection for oral cavities or other problems
            - Tips for daily care
            - A discussion of teething, pacifier use, and sucking habits
    - By age 12 to 14 months, begin to wean your child from the bottle. Gradually introduce a cup for your child to drink from. A child should not be allowed to walk around with a bottle.
3. ***Recognize Child Bottle Decay.*** Tooth decay can occur when a child is allowed to use a bottle as a pacifier. To prevent child bottle decay, wipe your child's teeth off or give your child a small amount of water after feeding. Avoid bedtime and nap time feedings where a child may fall asleep with liquid in their mouth.

Why is this important?

- Engaging in proper child oral care can help prevent oral disease and reduce tooth decay in children.

Resources that can help providers and participants in learning more:

- Nationwide Children's: https://www.nationwidechildrens.org/dental-teeth-and-gum-care-for-children-and-toddlers
- New York State Department of Health- Child and Children's Oral Health: https://www.health.ny.gov/prevention/dental/birth_oral_health.htm

How & When to Access a Dentist/Hygienist

What are the fundamentals?

1. ***Get the dental care you and your family needs.***
    - Preventive care dentistry is covered by MassHealth (with the exception of MassHealth Limited which only covers dental emergencies).
    - Low cost dental services can be found at many community health centers and dental schools.
2. ***Identify when to see a dentist or hygienist.***
    - Schedule cleanings every six months to keep teeth and gums healthy
    - Schedule an appointment with your dentist if you:
        - Experience tooth, jaw, or gum pain
        - Are pregnant
        - Have trouble eating
        - Experience itchy gums
        - Have dry mouth that does not go away
        - Notice spots or sores in your mouth

Why is this important?

- Poor oral health has been linked to many chronic health conditions.
- Dental problems during pregnancy can impact your health and the health of your child.

- Cavity causing bacteria can be passed from parent to child.

Resources that can help providers and participants in learning more:

- Finding a MassHealth Dentist: http://www.masshealth-dental.net/
- ADA Find a Dentist: https://findadentist.ada.org/
- MA Dental Society: http://massdental.org/Public

How to Talk to a Dentist/Hygienist

What are the fundamentals?

1. ***Identify how to talk to a dentist or hygienist.***
    - Tell to your dentist or hygienist if you:
        - Are pregnant
        - Have a medical condition like diabetes, cardiovascular disease, or HIV
        - Are getting medical treatment like radiation or hormone replacement therapy
        - Experience sensitivity to heat, cold, or sweets
        - Have noticed changes in your teeth or gums, such as looseness or changes in color
        - Are nervous about the dental visit

Why is this important?

- It is important for your dentist/hygienist to understand your health history and your current health to make sure they provide the best treatment.
- Your dentist/hygienist can work to make you more comfortable and cared for if they know your concerns.

Resources that can help providers and participants in learning more:

- ADA Consumer Resource: http://www.mouthhealthy.org/en

Environmental Health & Safety

Childhood Injuries

What are the fundamentals?

1. ***Identify common types of child injury that can occur in the home and yard***.
    - Common risks for children include falls and furniture tip over, bike, scooter, or other sports injuries, choking, scalds, burns, poisoning, suffocation, electrical shock, fire, drowning, and guns. Children can also be injured in car accidents (see Car Safety).
2. ***Learn how to create a safe home environment for your family.*** There are many steps you can take to prevent injury to your child(ren) (see Home Safety, and other Environmental Health & Safety sections).
3. ***Supervise children at all times.*** This is important regardless of what you have done to create a safe home.
4. ***Learn CPR and the Heimlich maneuver***; techniques should be age-appropriate. These practices can help save a child in an emergent situation.
5. ***Keep a list of important phone numbers in an accessible area***. Phone numbers should include your family's health care providers, poison control, and emergency services. Program these numbers into your phone, and ask other care providers to do the same.
6. ***Prepare a first aid kit to keep at home with supplies to attend to minor injuries.***

Why is this important?

- Most child injuries are preventable.
- Modeling safe behavior by keeping the home safe, taking steps to prevent kitchen accidents, and wearing a seat belt can help children be safe.
- Knowing how to perform life saving techniques and having supplies on hand in case of injury can help keep the family safe.

Resources that can help providers and participants in learning more:

- CDC Child Injury Prevention Information: https://www.cdc.gov/safechild/index.html
- 7 Steps to Prevent Child Injury: https://www.safekids.org/blog/7-easy-ways-prevent-injuries-and-keep-your-kids-safe

Home Safety

What are the fundamentals?

1. ***Create a safe home environment for your child and family.***
    - Child proofing your home is important to ensure a safe environment for your child and includes:
        - Storing hazards appropriately
            - Keep vitamins and medications out of reach of children.
            - Store knives and other sharp tools and objects out of reach.
            - Keep small items that might pose a choking risk off the floor and out of reach.
            - Store cleaning products, chemicals, and toiletries out of reach.
        - Installing safety devices
            - Install child gates at the tops and bottoms of stairwells.
            - Install plug protectors in unused electrical outlets.
            - Install child resistant locks on cabinets and doors leading to closets and rooms that contain hazardous products.
            - Secure or move items that a child learning to stand and walk might pull over onto themselves, including kitchen appliances, bookshelves, televisions, bureaus, etc.
            - Consider installing a toilet lid lock.
            - Install smoke and carbon monoxide detectors in your home and change the batteries as needed to ensure they work properly.
        - Checking and removing additional injury hazards:
            - "Do the crawl" to find hidden choking and injury hazards.
            - Limit access to water sources and open water like a pool, filled bathtubs, and buckets. Empty any water vessels once you are done using them.
            - Cut children's food into small bites that are not round. Avoid hard candies and very chewy food.
    - Conduct regular home safety checks to help to avoid injuries.
2. ***Learn CPR and the Heimlich maneuver***; techniques should be age-appropriate. These practices can help save a child in an emergent situation.
3. ***Keep a list of important phone numbers in an accessible area***. Phone numbers should include your family's health care providers, poison control, and emergency services. Program these numbers into your phone, and ask other care providers to do the same.
4. ***Prepare a first aid kit to keep at home with supplies to attend to minor injuries.***

Why is this important?

- Household risks can contribute to unintended child injury and death.
- Providing a safe home environment ensures your child has a safe place to explore, grow, and develop.
- Modeling safe habits and teaching about safety risks can help children learn to be mindful and use caution as they grow and gain independence.

Resources that can help providers and participants in learning more:

- Home Safety Checklist: https://massclearinghouse.ehs.state.ma.us/INJPREVPROG/IP2916.html
- Home Safety Checklist: http://www.stanfordchildrens.org/en/topic/default?id=household-safety-checklist-85-P00822&sid=33171
- Basic Home Safety Checklist: https://www.safekids.org/sites/default/files/documents/2015_home_safety_checklist_eng.pdf
- Childproofing Tips and Information: http://kidshealth.org/en/parents/childproof.html

Food Contaminants

What are the fundamentals?

1. ***Safely prepare and store food to prevent contamination:***
    - Store food at the correct temperature and for an appropriate length of time.
    - Maintain a sanitary environment for food preparation and eating.
    - Avoid contamination from uncooked meat, poultry, fish, and eggs.
    - Wash produce before using.
    - Use food and formula by their "use-by" date.
    - **Use water from a safe source when mixing it with powdered formula**.
    - **If using powdered formula, until about 4 months it is recommended that you use hot boiled water to kill bacteria in powder**. (See resource for how to prepare powdered formula)
    - Honey is a known source of botulism and should not be fed to children during their first year.
2. ***Engage in frequent handwashing.*** Handwashing is an easy and effective way to prevent food contamination from bacteria. Hands should be washed before, during, and after preparing food, as well as before eating.
    - Hands should be washed by:
        - Wetting hands with clean, running water (warm or cold);
        - Applying soap and lathering hands, including between fingers and under nails;
        - Scrubbing hands for at least 20 seconds;
            - Humming "Happy Birthday" twice usually takes about 20 seconds
        - Rinse your hands well under clean, running water;
        - Dry your hands using a clean cloth or paper towel.
    - Hand sanitizer may be used if soap and water is not available, but is not as effective at removing germs and might remove helpful bacteria from the skin.
        - Hand sanitizer should be kept away from young children, as it is poisonous.
3. ***Learn to identify the signs of food contamination.*** Symptoms can range from mild to severe and may include:
    - Abdominal cramps;
    - Nausea;
    - Vomiting;
    - Diarrhea;

- Fever;
- Dehydration.

Why is this important?

- Children are more vulnerable to food contaminants than adults.
- The effects of illness from food contamination may quickly become serious in a child.
- Child immune systems are not yet developed enough to fight off bacterial infections from food contaminants.
- Food contamination can be caused by bacteria, parasites, and viruses.

Resources that can help providers and participants in learning more:

- Foodborne Illness: https://medlineplus.gov/foodborneillness.html
- FDA - Food Safety for Moms to Be: https://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm089629.htm
- FDA - Food Safety for Moms to Be (Spanish): https://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/ucm092284.htm
- Formula Feeding Basics Brochure from WIC: http://www.mass.gov/eohhs/docs/dph/wic/formula-feeding-basics.pdf
- Formula Feeding Basics Brochure from WIC (Spanish): http://www.mass.gov/eohhs/docs/dph/wic/formula-feeding-basics-sp.pdf
- Information on Cronobacter: https://www.cdc.gov/features/cronobacter/index.html
- Bright Futures - Nutrition and Pocket Guide: https://brightfutures.aap.org/materials-and-tools/nutrition-and-pocket-guide/Pages/default.aspx

Lead Poisoning Prevention

What are the fundamentals?

1. ***Identify signs of lead poisoning.***
    - Many children with lead poisoning do not look or act sick.
    - Symptoms, if they are present, can include:
        - Upset stomach;
        - Trouble eating or sleeping;
        - Headaches;
        - Trouble concentrating or paying attention.
    - A lead test by the pediatrician is the only way to know if your child has lead poisoning; children should be tested at ages one, two, three, and sometimes four.
2. ***Identify sources of lead and steps to prevent exposure.***
    - Lead can be found in:
        - Paint in homes built before 1978;
        - Dust from old and peeling lead paint;
        - Soil and water;
        - Some common items like pots, dishes, fishing tackle, and jewelry.
    - Steps to prevent lead poisoning include:
        - Having an older home inspected for lead by a licensed professional;
        - Having lead paint removed by a licensed professional;

- Cleaning lead dust from around your home by vacuuming and wiping down surfaces regularly;
- Covering chipping or peeling paint;
- Having your child tested for lead poisoning;
- Feeding your child foods that help keep lead out of the body, such as those high in calcium (milk, spinach), iron (beans, peanut butter), and vitamin C (oranges, red peppers).

Why is this important?

- Lead can be hazardous to health, even in low levels, and cause permanent disabilities.
- Children under six and pregnant individuals are most at risk of lead poisoning.
- Lead poisoning in children can result in learning problems, slowed growth, and other concerns.
- Lead can pass from the pregnant parent to child in the womb and can increase risk of miscarriage, premature birth, and poor fetal development.

Resources that can help providers and participants in learning more:

- Mass.gov Lead Resource: https://www.mass.gov/lead-and-your-children-health
- EPA Lead Resource: https://www.epa.gov/lead
- Brochure for Families: http://www.mass.gov/eohhs/docs/dph/environmental/lead/lead-protect-family.pdf
- Brochure for Families (Spanish): http://www.mass.gov/eohhs/docs/dph/environmental/lead/lead-protect-family-spanish.pdf
- Lead Risk Checklist: https://www.epa.gov/sites/production/files/documents/parent_checklist3.pdf
- Ways to Lower Your Child's Lead: http://www.cdc.gov/nceh/lead/tools/5things.pdf

Poisonings

What are the fundamentals?

1. ***Identify possible sources of risk for your child.***
    - Common sources of poison include:
        - Medicines (prescription, over the counter, and herbal);
        - Drugs (cigarettes, alcohol, marijuana, etc.);
        - Cleaning supplies (bleach, disinfectants, etc.);
        - Personal care supplies (perfume, shampoo, etc.);
        - Gardening supplies (pesticides, plant food, etc.);
        - Home and car supplies (antifreeze, paint thinner, etc.);
        - Mushrooms and plants.
2. ***Prevent accidental poisonings.***
    - Keep medicines, chemicals, and other hazardous materials out of reach of children.
    - Put latches on cabinet doors where chemicals or other hazards are stored.
    - Keep medicines and cleaning supplies in original containers with labels intact.
    - Do not refer to medicine as "candy".
    - Store food and cleaners or chemicals separate from each other.
    - Open windows when using strong chemicals indoors.
    - Know the common poisonous plants in and around your home, such as rhododendron, fox glove, poison ivy, and certain mushrooms.
3. ***Respond to accidental poisonings.***

- Call 911 in an emergency, if child is not breathing or is unconscious.
- Call the poison help line (1-800-222-1222) if poisoning is suspected, but child is alert.
- Tell responders:
  - Child's age and weight;
  - The type of poison ingested;
  - What time the poisoning occurred;
  - Where you are located.

Why is this important?

- Most homes contain things that can be poisonous.
- Young children do not understand that certain things are not safe to put in their mouths.
- Poisoning can occur at any age; even teenagers and adults are at risk.
- Poisoning is preventable through identification and safe storage.

Resources that can help providers and participants in learning more:

- CDC Prevention Tips: https://www.cdc.gov/homeandrecreationalsafety/poisoning/preventiontips.htm
- Poison in the Home (Visual and Checklist): http://www.maripoisoncenter.com/wp-content/uploads/2015/03/Prevent-Poisonings-in-the-Home.pdf
- Poison Control Center Pamphlet: http://www.maripoisoncenter.com/wp-content/uploads/2015/03/English_lo_adobe.pdf

Asthma Management

What are the fundamentals?

1. ***Know the signs of asthma in children.***
   - Fast breathing;
   - Difficulty breathing;
   - Panting during normal activities;
   - Wheezing;
   - Persistent coughing;
   - Difficulty drinking or eating;
   - Tiredness or lack of interest in favorite activities;
   - Pale or blue coloring.
2. ***Identify when and how to talk to a pediatrician about your child's breathing.***
   - Tell your pediatrician about family history of asthma and allergies at initial visits.
   - Talk to your pediatrician if you notice any signs of asthma; they could also mean your child is sick with some other illness or disease and needs attention.
   - Describe child's breathing symptoms and behavior when talking to your pediatrician (Is breathing more difficult at night? When eating? Is child fussy? Etc.)
3. ***Prevent or control symptoms of asthma for your child.***
   - Do not smoke cigarettes or marijuana during pregnancy.
   - Adopt a healthy diet while pregnant.
   - Limit child's exposure to cigarette and marijuana smoke, both in the air and on clothes.
   - Feed child with breast milk if possible.
   - Limit exposure to dust mites and other environmental allergens like mold, pet dander, and strong odors from things like cleaning chemicals and air fresheners.

- Keep air quality high by circulating fresh air throughout your home.
- Use humidifiers in winter to keep moisture in the air.

Why is this important?

- Asthma is a respiratory condition that causes difficulty breathing; it can be fatal in severe cases.
- Children have small airways meaning even minor blockages from infection or irritation can make breathing difficult.
- Half of all children who develop asthma show signs before they turn five.
- There is no cure for asthma, but it can be controlled through medication and managing the environment.
- Identifying triggers and creating a healthy environment for your child can reduce the risk of severe asthma attacks.

Resources that can help providers and participants in learning more:

- Asthma in Children Overview: http://www.aafa.org/page/asthma-in-children.aspx
- NIH Checklist for Assessing Whether a Child-Care Setting is Asthma-Friendly: https://www.nhlbi.nih.gov/files/docs/public/lung/chc_chk.pdf
- Mass.gov Risk Factors for Asthma Overview: http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/asthma/risk-factors-for-asthma.html

Child Passenger Safety/Car Safety

What are the fundamentals?

1. ***Choose a proper car seat for your child.***
    - Car seats are based on the age, weight, and height of the child.
    - Child car seats are easiest to carry, and are sized for newborns and small children.
    - Convertible seats can change from rear-facing to forward-facing, and usually are appropriate for babies to young children (based on size).
    - All-in-one seats convert from a rear-facing seat to a forward-facing seat and then to a booster seat, and may be used by infants to older children (based on size).
    - A properly fitting car seat needs to fit a child for both height and weight.
    - Confirm the car seat fits properly in your vehicle.
2. ***Effectively use a car seat with your child.***
    - Harness straps should be snug.
    - The chest clip should be at armpit level.
    - Puffy coats should not be worn in car seats.
3. ***Properly install a car seat.***
    - Always read the manual for your car seat.
    - Car seats should be installed in the backseat.
    - Choose a car seat that will allow the child to remain rear-facing for as long as possible.
    - A car seat should move less than one inch when shaken.
    - Car seats may be installed with either LATCH or a seatbelt.
    - Attach the tether for the forward-facing car seats with harnesses, if possible.
4. ***When to dispose of a car seat.***
    - When it is expired - all car seats must have a sticker with an expiration date.

- After it is involved in a motor vehicle accident, even if it was not being used.
- If it is recalled and cannot be repaired. Follow the instructions provided by the manufacturer about the recall.
    - Fill out the registration card attached to the seat to receive information or register it online.

5. ***Safely drive with child passengers.***
    - Never leave children unattended in a car, even if it is running or the windows are cracked.
    - Always check the backseat for a sleeping child when exiting your car.
    - Avoid distracted driving, such as texting or talking on a cell phone while driving.
    - Pull over if you need to calm yourself or your child.

Why is this important?

- A properly installed car seat is the best way to keep a child safe in the car.
- Car seats provide neck and head protection for young children.
- Car seats are required by law in Massachusetts for children up to 8 years old or 57 inches.

Resources that can help providers and participants in learning more:

- DOT Car Seats and Booster Seats: https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#find-right-car-seat-find-compare-seats
- Car Seat Checkup: https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seat-Checkup.aspx
- Safe Kids Worldwide: https://www.safekids.org/car-seat
- MA EOPSS Highway Safety Division: https://www.mass.gov/car-seat-safety

Safe Sleep Practices

What are the fundamentals?

1. Create a safe sleeping environment for your child.

- Put your child in their own crib or bassinet to sleep: car seats, swings, bouncy chairs, etc. are not safe sleeping locations. Use them for their intended purposes only.
- Make sure the child sleeps alone. Other children, adults, and pets should not share a bed and should not sleep on the same surface with a child.
- Keep child's sleep surface firm and covered in a fitted sheet with no loose bedding.
- Do not include soft objects such as pillows, toys, crib bumpers, or blankets in the child's crib or bassinet.
- Keep the child's crib or bassinet in the same room as the parent/caregiver for at least the first 6 months of life, preferably the first year.
- Prohibit tobacco and marijuana smoke, cigars or cigarettes, in the environment where a child is present and/or sleeps.
- Do not over-dress or over-bundle the child, children can overheat easily.

2. Establish safe sleep practices and routines in your home.

- Place your child on his back to sleep, both at night and during naps.
- Parents and caregivers should avoid bed-sharing or co-sleeping with child. If a parent is at risk of falling asleep while holding a child, an adult bed with all bedding cleared off is safer than a chair, sofa, or futon.
- Supply a pacifier that is not attached to anything, including the child's clothing, at bed time. Introduce a pacifier only once breast or bottle feeding is going well.

- If a child falls asleep anywhere other than their safe sleep location, move them to their safe sleep location, or a flat, firm and cleared off sleep surface as soon as possible. Remember to place the child on their back.

3. ***Develop habits that contribute to your child's health, wellbeing, and development.***
    - Conduct supervised tummy time daily to strengthen back, neck, and shoulder muscles; this will help develop the strength needed to roll over and crawl.
    - Do not expose the child to cigarette or marijuana smoke, both in the air and on clothes; this is also important during pregnancy.
    - Consider feeding your child breastmilk for the first 6 months or for as long as you can.
    - Avoid any amount of alcohol, marijuana, or other drugs when caring for a child.
    - Keep all pediatrician and parental doctor's appointments.

Why is this important?

- Safe sleep environments and practices, and healthy habits reduce the risk of sudden unexpected infant death (SUID), which includes suffocation, sudden infant death syndrome (SIDS), and other sleep-related child deaths.
- The rate of sudden unexpected infant death is higher among Black and Hispanic families as compared to White families.
- SIDS is the sudden, unexplained death of a child under one year old; there is no known cause, but many risk factors are known, some of which can be prevented.
    - Sudden unexpected infant death is the leading cause of death in children between one month and one year of age.
    - Children exposed to tobacco or marijuana smoke during pregnancy or post-partum are at higher risk of SIDS.
    - Children who get too hot during sleep are at higher risk.
    - Children who are fed breastmilk are at lower risk for SIDS. Longer duration and exclusivity of breastmilk may increase protection from SIDS.
- Suffocation and strangulation child deaths are often caused by a person rolling onto a sleeping child in their sleep, soft-bedding that blocks the child's breathing, or the child getting stuck between a headboard and the mattress, or soft cushions. These sleep-related deaths are preventable.
- Placing a child on their back to sleep helps keep airways open and prevents spit ups and suffocation.
- By understanding the cultural beliefs, values and norms of families, one can relay safe sleep practices education in an effective manner.

Resources that can help providers and participants in learning more:

- NIH Safe to Sleep Campaign Home Page: https://www.nichd.nih.gov/sts/Pages/default.aspx
- MA Department of Public Health: www.mass.gov/child-safe-sleepParent Guide to Safe Sleep: https://www.healthychildren.org/English/ages-stages/child/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx
- Safe Sleep Environment (visual): https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Environment_English.pdf
- Consumer Product Safe Commission: www.cpsc.org
- Safe Sleep Materials (multiple languages): http://massclearinghouse.ehs.state.ma.us/category/INJ.html
- National Action Partnership to Promote Safe Sleep: http://www.nichq.org/nappss-iin

- American Academy of Pediatrics: www.aap.org

Traumatic Brain Injury

What are the fundamentals?

1. ***Understand Traumatic Brain Injury (TBI) and common causes.*** A traumatic brain injury is an injury caused by an external force that alters brain function. TBI in children is considered a chronic disease process, because symptoms may change or appear over time. Common causes include:
    - Falls (most common in children aged 0-4);
    - Furniture tip overs (also common in children aged 0-4);
    - Child abuse/assaults;
    - Car and other motor vehicle accidents;
    - Sports accidents.
2. ***Learn how to prevent TBI.*** Strategies to prevent TBI include:
    - Block stairs with safety gates;
    - Secure or move items that a child learning to stand and walk might pull over onto themselves;
    - Practice car safety;
    - Enforce use of helmets during sports activities.
3. ***Understand the risks of shaking a child.***
    - Children are especially vulnerable to brain injuries due to their larger heads, weak neck muscles, and developing brains.
    - As little as 5 seconds of shaking a child can result in serious injury or death.
    - Shaking a child can result in permanent brain damage, such as intellectual or neurological disability, loss of vision, bone fractures, or difficulty breathing or feeding, and even death, all of which are symptoms of Shaken Baby Syndrome.
4. ***Recognize and reduce caregiver stress.*** New parent stress is normal and can increase if a child is particularly irritable and crying often. If you or your partner are feeling stressed identify strategies and resources to help (see Child Stress).

Why is this important?

- TBI is a leading cause of death and disability for children and adolescents.
- TBI is avoidable and may be prevented by following a few child safety strategies.
- Shaken Baby Syndrome is a specific type of head trauma. Children under the age of 1 year are at greatest risk of Shaken Baby Syndrome, but toddlers are also at risk.
- Most cases of Shaken Baby Syndrome of can be linked to instances of a caregiver stress due to crying. Remember that children do cry and it is not the parents fault.

Resources that can help providers and participants in learning more:

- CDC Traumatic Brain Injury: https://www.cdc.gov/traumaticbraininjury/prevention.html
- AAP Abusive Head Trauma: https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Child-Syndrome.aspx
- URMC Prevent Shaken Child Syndrome: https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=1103
- CDC Abusive Head Trauma: https://www.cdc.gov/violenceprevention/childmaltreatment/abusive-head-trauma.html

Fire Safety (including scalds)

What are the fundamentals?

1. ***Promote fire safety in your home.***
   - Install smoke detectors near where people sleep and near furnaces.
     - Test monthly and replace batteries every six months;
     - If you rent, your landlord should provide these.
   - Know at least two ways out of every room to escape in case of fire.
     - Practice a fire escape plan at least twice per year
     - Establish a safe meeting place outside
   - Keep exits clear, to allow for quick, unexpected exits.
   - Do not smoke in bed.
   - Do not leave space heaters running unattended.
   - Keep matches, lighters, and other hot or flammable things out of reach of children.
     - Child-resistant lighters are not childproof.
2. ***Install and maintain a carbon monoxide (CO) detector.***
   - CO is a toxic gas that is tasteless, colorless, and odorless.
   - Every home should have at least one CO detector.
   - Test monthly.
   - If you rent your landlord should provide a CO detector.
3. ***Prevent burns in young children.***
   - Burns occur when the skin is damaged by heat or fire.
   - Keep children away from the stove and oven while cooking.
   - Teach children not to play with matches, candles, heaters, and fire.
   - Keep outlets covered and do not leave electrical cords unattended.
4. ***Prevent scalds in young children.***
   - Scalds are injuries due to heat from a hot liquid or steam.
   - Turn handles of pots in towards the center of the stove when cooking, and away from children's hands.
   - Keep your water heater's thermostat to 120F or lower.
   - Always check the temperature of the water before putting the child in a tub.
   - Never carry a child and a hot liquid at the same time.
   - Test heated food and beverages before giving them to a child. If they are too hot, keep them well out of reach of a child.
5. ***Treat a burn.***
   - Cool the burn - soak it or run under cool water.
   - Cover with a clean gauze pad or cloth.
   - Seek medical attention for oozing, electrical burns, painful burns, or if the skin is charred or white.

Why is this important?

- Home fires come without warning, making preparation key to safety.
- Burns and scalds may injure the skin or go deeper into nerves or other body parts.
- Young children's skin is more sensitive than adult's and can be injured by heat more easily.

Resources that can help providers and participants in learning more:

- USFA Fire Facts: http://www.in.gov/dhs/files/usfachildren.pdf

- AAP Burn Treatment & Prevention: https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Treating-and-Preventing-Burns.aspx
- AAP Burn Treatment & Prevention (in Spanish): https://www.healthychildren.org/spanish/health-issues/injuries-emergencies/paginas/treating-and-preventing-burns.aspx

Water Safety

What are the fundamentals?

1. ***Identify possible places in need of water safety.***
    - Common places include:
        - Bathtub;
        - Swimming pools;
        - Lakes;
        - Beach;
        - Boats;
        - Buckets;
        - Toilets.
2. ***Identify how to keep your child safe when playing in the water.***
    - Never leave a child unattended in or near water, and supervise them closely. If a group of adults is present, consider assigning a water watcher whose responsibility it is to watch the children in the water.
    - Make sure a lifeguard is on staff at public swimming areas.
    - If swimming outside, check the weather and currents.
    - Learn CPR.
    - If visiting a location with water (e.g., pool), confirm the water is secure with a fence or other restriction that will block your child's access.
    - Floatation toys are not lifesaving devices.
    - Life jackets may not provide a proper fit for children under 18lbs.
        - Must float the child with their head out of the water
    - Check the filter system of the private pools or SPAs to assure they are rounded and do not pose a suction risk.
3. ***Identify the signs of drowning.***
    - Head low in the water, mouth at water level.
    - Head tilted back with mouth open.
    - Eyes glassy or closed.
    - Not using legs.
    - Hyperventilating or gasping for air.
4. ***Know what to do in a drowning emergency.***
    - Get the child out of the water.
    - Tell one individual to call 911.
    - Perform CPR if the child is not breathing.
        - If the child is not breathing, prioritize restoring breathing. If you are alone, perform a round of CPR and then call 911.
    - Seek medical assistance.
        - Any child close to drowning requires a medical exam.

Why is this important?

- A child can drown in less than 1" of water.
- Drowning can be silent and happen very quickly.
- Teaching children to swim does not prevent drowning.
- Children are drawn to water and may not realize the risks.

Resources that can help providers and participants in learning more:

- Mayo Clinic Water Safety: http://www.mayoclinic.org/healthy-lifestyle/child-and-toddler-health/in-depth/child-safety/art-20044744
- AAP Drowning Prevention: https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Drowning.aspx
- Pool Safely: https://www.poolsafely.gov/
- Area YMCAs for Swim Lessons: www.ymca.net

Healthy Parenting
Prenatal Care & Fetal Development

Preparation for Childbirth

What are the fundamentals?

1. When should you expect to give birth?
    - By 24 week: The child can survive outside the womb, but is still early.
    - By 28 weeks: The child is considered premature and may require special care.
    - By about 37-42 weeks: The fetus is fully developed. Labor may be initiated by the fetus. Depending on the health of you and your child, your health care provider may consider induction as you pass your due date.
2. Prepare for your child's birth:
    - Find an Obstetrician;
    - Learn about the birth process;
    - Talk to your partner, other parents, and family members including the child's siblings;
    - Find a person/people to help after the birth;
    - Pack a hospital bag;
    - Make sure you have the essentials at home;
    - Many hospitals and birthing centers offer birthing and child care classes. Ask your OB for recommendations.
3. Labor and Delivery
    - How will you know labor is approaching?
        i. You may begin to experience regular contractions, signaling the cervix is about to open.
        ii. Many pregnant individuals experience signs that labor is coming such as backache, weight loss, and nesting instincts.
            1. Note: Sometimes pregnant individuals experience Braxton Hicks Contractions, or "practice" contractions. These are a sign labor is nearing, but not here yet. They are often irregular and not painful.
        iii. The child settles into the lower part of your pelvis (called "lightening").

iv. You may experience "water breaking;" this is the rupturing of the amniotic membrane. **Contact your healthcare provider if your water breaks.**

4. When to call your health care provider:
    - If you think your water has broken;
    - If you experience bleeding;
    - When you've experience one (1) hour, of one (1) minute contractions spaced at five (5) minute intervals.

Why is this important?

- Preparing for childbirth can seem daunting. It is important to prepare yourself and your home for the new addition to your family. Know what to expect when you're expecting; understand what your child and your body will experience, and create a plan to get you and your child safely to and from the hospital.

Resources that can help providers and participants in learning more:

- Develop a Postpartum Plan: http://docs.wixstatic.com/ugd/ebfdb0_f054de294e1d48d4bc525ec1d01b9a64.pdf
- The Cleveland Clinic – Handout on Labor and Delivery: https://my.clevelandclinic.org/health/articles/9676-labor--delivery
- National Institute of Health – Labor and Other Birth Info: https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/labor
- Child Center – Packing for the Hospital: https://www.childcenter.com/packing-for-the-hospital-or-birth-center

Prenatal Care Schedule

What are the fundamentals?

1. ***Schedule regular prenatal appointments. During a healthy pregnancy:***
    - Weeks 4-28: Every 4 weeks;
    - Weeks 29-36: Every 2-3 weeks (2x/month);
    - Weeks 36-delivery: Every week;
    - Your due date is calculated as 40 weeks from the first day of your last period.
2. ***Factors that may alter your prenatal care schedule:***
    - Problems in a previous pregnancy;
    - Pregnancy with multiples;
    - Health conditions such as high blood pressure, diabetes, or autoimmune disorders;
    - Rate of weight gain.
3. ***When to call your doctor outside of a scheduled appointment:***
    - Bleeding or leaking fluid from the vagina;
    - Sudden or severe swelling in the face, hands, or fingers;
    - Vomiting or persistent nausea;
    - Difficulty seeing or blurred vision;
    - Severe headache;
    - Suspect child is moving less than normal after 28 weeks.
        - Ideally, you should feel at least 10 movements in 2 hours.
4. ***What to expect at a prenatal appointment:***

- Physical exam;
- Weight check;
- Blood tests;
- Screening tests for fetal abnormalities;
- Checking your child's heart rate;
- Measuring your abdomen to check your child's growth;
- Questions about you and your family related to:
    - Medical history;
    - Current living situation;
    - Safety and well-being;
    - Mental Health including Depression & Anxiety;
    - Alcohol and Substance use;
    - Genetics;
    - Nutrition and physical activity;
    - Medications.

Why is this important?

- Prenatal checkups and screening tests help keep mother and child healthy during pregnancy.
- Prenatal care includes physical health of the pregnant individual and child, counseling, and education.

Resources that can help providers and participants in learning more:

- Women's Health - Prenatal care and tests: https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests
- Mayo Clinic - Prenatal Care: https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art-20044882
- Massachusetts Healthy Quality Partners (MHQP) Perinatal Care Guidelines: http://www.mhqp.org/products_and_tools/?content_item_id=185
- Kickcounts - Instructions on Counting Your Child's Movement: http://www.cpmc.org/learning/documents/kickcounts.html

Fetal Growth & Development

What are the fundamentals?

1. ***Learn about typical fetal milestones during pregnancy.*** The fetal period begins at the end of the 8th week after fertilization and continues until birth. During this period a developing child is considered a fetus.
    - By about 9 weeks: The skeleton forms, and fingers and toes become defined.
    - By about 10 weeks: Organs are almost completely formed, and a heart rate can be heard using an ultrasound device. The fetus can move and respond to touch.
    - By the end of 12 weeks: The fetus develops into a recognizable form. Fingernails and toenails begin to grow.
    - By about 14 weeks: The sex can be identified and the fetus can hear and make facial expressions. The lips and nose are fully formed.
    - By about week 16 to 20 weeks: A pregnant woman may begin to feel fetal movements. Hair begins to grow and tooth development is underway.
    - By week 22 to 24: Rapid eye movements begin.

- By 28 weeks: If born at this time, the child is considered premature and may require special care.
- By about 37-42 weeks: The fetus is fully developed. Labor is initiated by the fetus and the pregnant parent will give birth.

2. ***Understand Fetal Heart Monitoring.*** Your health care provider may choose to monitor your child's heart rate and rhythm during pregnancy. This allows your health care provider to see how your child is doing and how your child is responding in utero. Fetal heart rate monitoring is helpful if your pregnancy is high-risk. Typically, fetal heart monitoring occurs externally using an ultrasound device. If your health care provider is not getting a good reading, they may choose to use an internal fetal heart monitoring method.

Why is this important?

- Keeping track of pregnancy markers will help you understand your child's rapid growth and identify critical periods of development.

Resources that can help providers and participants in learning more:

- The Endowment for Human Development: http://www.ehd.org/prenatal-summary.php; http://www.ehd.org/movies-index.php
- Sutter Health: http://www.children.sutterhealth.org/childgrowth/fetaldev/;http://www.children.sutterhealth.org/during/preg_checklist.html
- Johns Hopkins Medicine- Fetal Heart Monitoring: https://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/fetal_heart_monitoring_92,p07776

Healthy Parenting
Post-Birth

Attachment & Bonding

What are the fundamentals?

1. ***Develop a secure attachment with your child.*** Attachment is the unique emotional relationship between a child and their primary caregiver. A nurturing and secure attachment and bond provides a strong foundation for your child to develop and thrive.
    - Many activities can promote a secure attachment between a parent and child:
        - *Skin-to-skin Contact.* Skin-to-skin means you hold your naked child against your chest. It helps children feel calm and has important health benefits. It is mostly encouraged immediately after birth, but you can continue to do skin-to-skin once your child is home with you while you're feeding or cuddling with them.
        - *Nurturing Caregiving.* Cuddling, touching, soothing, rocking, smiling, talking, and singing to your child all send the message that the child is loved. It is important to nurture your child even when fussing or crying. That will let your child know that you are there no matter what. You will not spoil your child by frequently holding – in fact, if you respond to your child's needs now, your child is more likely to be independent later.

- *Get to Know Each Other.* Spend time getting to know your child – pay close attention to reactions, facial expressions, and sounds to begin to understand your child's likes and dislikes, the types of activities that will calm your child when upset, how to make your child smile. Being tuned in to your child's personality will increase the bond between you and help you provide responsive caregiving.

2. ***Team Up.*** Providing responsive care to a child is a lot of work! Ask for help and support from your partner, family members, or friends when possible. It is important for partners to bond with your child too. Encourage family members to hold the child, feed the child a bottle, and participate in their care.
3. ***Give yourself time.*** Some parents feel a strong bond immediately with their child, while others take more time. Do not worry if you don't have positive feelings right away – you might just need time to get to know your child. Know that it's not possible to understand your child's needs all the time. If you are concerned about your attachment with your child, talk to your pediatrician.

Why is this important?

- A secure attachment helps children feel more calm and confident to explore the world around them. It can also help them regulate negative emotions. Over the long term, secure attachment has been linked to positive self-esteem, social competence, and better physical health.
- Bonding with your child will help you feel more satisfied and confident as a parent. A secure attachment helps you through some of the tough times as a parent.

Resources that can help providers and participants in learning more:

- Zero to Three Social and Emotional Development:
- https://www.zerotothree.org/resources/230-responsive-care-nurturing-a-strong-attachment-through-everyday-moments
- Kids Health from Nemours: http://kidshealth.org/en/parents/bonding.html
- Healthychildren.org from the American Academy of Pediatrics: https://www.healthychildren.org/english/ages-stages/child/pages/default.aspx

Appropriate Expectations – Siblings

What are the fundamentals?

1. ***Recognize that a new sibling can be both an exciting and difficult transition for your older child(ren).*** Many children have mixed feelings about a new sibling – they may be happy and cuddling with the new sibling one minute, and angry and pulling their toys away the next! This is a normal reaction, because children love their new sibling but also have to learn to share your attention.
    - Some children "regress" when a new sibling comes home. They may want to sit in the high chair and ask you to feed them, or ask to wear a diaper even if they are already toilet trained.
2. ***Learn strategies to help your other child(ren) adjust to a new sibling.*** It can be helpful to:
    - Involve your older children in taking care of the new sibling. The types of tasks will depend on the child's age, but even small children can bring you a diaper or a toy, or help you choose an outfit for the new sibling.
    - Acknowledge their feelings. It can feel frustrating if an older child is clamoring for your attention or being rough with the new sibling. It is easy to think: "They're older, they should know better!" But remember this is a normal reaction and they are making a big transition along with everyone else in the family. Sometimes just acknowledging their feelings helps

children feel better. You might say: “It seems like you’re feeling frustrated right now. Do you want to talk about it?”

- Make a big deal about being a big sister or brother! Tell your children about how much the new sibling is going to learn from them as they grow up, and how they will be able to play together. Praise them when they are kind or gentle towards the new sibling.
- Spend some alone time with your older child(ren). Older children often have difficulty adjusting because they now have to share your attention. Spending even just 5 minutes playing or talking with your older child(ren) one-on-one can help them remember you’re still their mommy, too!

Why is this important?

- Siblings often have adjustment difficulties when a new sibling comes home. These behaviors can lead to significant stress and tension in the home.
- Helping older children adjust to the new sibling can ease the transition for the entire family.

Resources that can help providers and participants in learning more:

- Child Center - Adjusting to a New Sibling: https://www.childcenter.com/0_helping-your-child-adjust-to-a-new-sibling_3636582.bc
- Psychology Today - 8 Steps for helping your older child adjust to a new child: https://www.psychologytoday.com/blog/how-raise-happy-cooperative-child/201204/8-steps-helping-your-older-child-adjust-the-new-child

Stress Management/Coping Strategies

What are the fundamentals?

1. ***Recognize signs that you are feeling stressed.*** Stress is a normal part of everyday life, but everyone experiences stress differently. Some people have trouble sleeping, others feel anxious and overwhelmed, while others may become angry and irritable. Learn to recognize the signs of your body’s response to stress.
2. ***Develop healthy and effective stress management skills.*** When we feel stressed, some people engage in unhealthy coping strategies, like eating or drinking more than usual, smoking, or fighting frequently with loved ones. It is most important to find healthy strategies that work for you.
    - You don’t need a lot of time to practice simple relaxation strategies:
        - Step away from the stressful event or situation
        - Take a few deep breaths
        - Imagine you are in your favorite place
3. ***Make time for yourself!***
    - Think about your own needs – are you getting enough sleep? Eating well? Exercising?
    - Even small activities can help manage stress:
        - Go for a short walk
        - Call a friend for a chat
        - Listen to music
        - Sleep when the child sleeps
        - Read a favorite book or magazine
        - Talk with other parents

Why is this important?

- Experiencing chronic stress can negatively impact your health.

- Managing your stress and taking time for yourself helps you to be a better parent. You can't take care of other people if you are running on empty! It is important to fill your own bucket as well as those of others.
- Caregiver stress affects children and other family members.
    - Children are like sponges – they absorb everything around them! Even children pick up on our stress. And as your child grows older, your child will model your coping strategies.
    - Taking time to take care of yourself can be helpful to your entire family.

Resources that can help providers and participants in learning more:

- American Psychological Association Tips to Manage Stress: http://www.apa.org/helpcenter/manage-stress.aspx
- US National Library of Medicine, Learn to Manage Stress: https://medlineplus.gov/ency/article/001942.htm
- CDC - Coping with Stress: https://www.cdc.gov/violenceprevention/pub/coping_with_stress_tips.html
- National Institute of Mental Health - 5 things you should know about stress: https://www.nimh.nih.gov/health/publications/stress/index.shtml

Child Health

Basic Infant Care

What are the fundamentals?

1. ***Provide responsive care to your child:***
    - Feed your infant frequently. Babies have little tummies and need to eat every 2-3 hours in the first few months. (See the breastmilk feeding module for more information).
    - Comfort your child when upset. Possible strategies:
        - Swaddle in a large, thin blanket. Ask your pediatrician or nurse to show you the proper technique.
        - Hold your child on their side, being sure to support their head and neck.
        - Use a white noise machine or something with a similar sound, such as a fan. These sounds remind the child of being in the womb.
        - Walk, rock, or sway with your child. Many babies are soothed by movement because in the womb they were constantly rocked by your movements.
        - Sometimes babies will continue to cry even when you are doing everything right. It's normal to feel frustrated when that happens. If you start to feel frustrated or upset, it is best to take a break. Put your baby down in a safe space, such as the crib, and take a few minutes to calm yourself and recharge. You may take a few deep breaths, call a friend for support, or play a favorite song. Never shake a baby – violent shaking for just a few seconds can cause severe injuries. The most important thing is that both you and the child stay safe.
        - Check their diaper! Young babies need frequent diaper changes, typically between 8 and 10 a day in the first few months.
        - Bathe your baby 1 – 3 times a week. There is no need to bathe them more than that because frequent baths may dry out their skin.
            - Use sponge baths until the child's umbilical cord stump falls off, which can take up to two weeks.

        - Make sure the water is warm, but not hot. Always check the water temperature with your hand before bathing your child. Aim for bath water around 100 F (38 C). Be sure the room is comfortably warm. A wet baby can be easily chilled.
        - When baby is ready for full baths, gather all of the materials you need beforehand. **Never leave a child alone in a bathtub.**
    - Wash your hands before handling your baby. Newborns do not have mature immune systems, so they are at higher risk for infection. Make sure that anyone who handles your child has clean hands.
    - Many hospitals offer a class on infant care.

Why is this important?

- Providing responsive infant care helps keep your baby happy and healthy.
- Being prepared to care for your baby's needs will increase your confidence as a parent.
- Washing your hands frequently, including before handling your baby, will help you and your baby stay healthy.

Resources that can help providers and participants in learning more:

- Bright Futures: https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx
- A Guide for First Time Parents from Nemours: http://kidshealth.org/en/parents/guide-parents.html
- American Academy of Pediatrics Healthy Children, Ages and Stages: https://www.healthychildren.org/english/ages-stages/pages/default.aspx
- CDC - Handwashing: Clean Hands Save Lives: https://www.cdc.gov/handwashing/index.html

Developmental Expectations

What are the fundamentals?

1. ***Learn about typical development.*** In the first few years of life, children learn many life skills (smiling, crawling, saying their first words) which are called *developmental milestones*. Some variation is normal, because all children develop at their own rate, but there are timelines suggesting when most achieve these milestones.
2. ***Encourage your child's development.*** There are many things you can do to help your child's development:
    - *Motor skills:* Tummy time is important so your child can strengthen head, neck, and upper body muscles. Begin slowly, a few minutes each day, and gradually build the time. Most children do not like tummy time at first and need to get used to it. Encourage your child by smiling and showing toys. **Always supervise your child during tummy time.**
    - *Communication:* Sing to your child and tell stories. Talk to your child about your day, what you are doing around the house, etc. When your child babbles, repeat the sounds back, or respond as if you are having a conversation.
    - *Social/Emotional:* Smile and make frequent eye contact with your child. Hold your child a lot and cuddle. You will not spoil your child by holding them too much, particularly in this early phase.
3. ***Recognize your child's temperament.*** Children demonstrate certain traits beginning in the first weeks of life. Some babies are more active while others are more still. Some children are naturally fussier while others are calmer. These traits aren't good or bad, your child is simply developing their own

unique approach to the world. Learning to recognize your child's personality will help you respond appropriately and anticipate your child's needs.

Why is this important?

- Learning about normal development will help you understand your child and how best to support their growth and needs. It will also help you decide when there may be a concern that requires you to consult your pediatrician.
- Your child's brain is growing at an amazing rate in the first few months. Encouraging their development during this early stage provides an important foundation for their later growth.
- Paying attention to your child's unique developmental path and personality will help you provide more responsive caregiving, improve the bond between you and your child, and help you feel more confident when taking care of your child.

Resources that can help providers and participants in learning more:

- Centers for Disease Control and Prevention Developmental Milestones: https://www.cdc.gov/ncbddd/actearly/milestones/index.html
- American Academy of Pediatrics, healthychildren.org, ages and stages: https://healthychildren.org/english/ages-stages/child/Pages/default.aspx
- Zero to Three: https://www.zerotothree.org/early-development/

Routine Child Screenings

What are the fundamentals?

1. ***Schedule regular well check-ups during your child's first year:***
    - 2-5 days after birth
    - 1 month
    - 2 months
    - 4 months
    - 6 months
    - 9 months
    - 12 months
2. ***What to expect at well check-ups:***
    - Check on your child's weight, length, and head circumference
    - A physical exam, which may include:
        - Eye exam
        - Listening to your child's heart
        - Checking your child's pulses
        - Examining your child's belly
        - Checking your child's hips
    - Screenings
    - Immunizations
    - Questions about
        - Feeding
        - Output
        - Sleeping
        - How your family is doing

Why is this important?

- Preventative check-ups help keep your child healthy.
- Check-ups are a time for you to raise concerns to your doctor.
- Routine tracking of your child's growth and development helps identify concerns before they become problems.
- Establishing a relationship with your doctor when your child is healthy allows the doctor to get to know your child and family, and provide better care.

Resources that can help providers and participants in learning more:

- Find a Provider: https://masshealth.ehs.state.ma.us/providerdirectory/
- AAP Schedule of Well-Child Care Visits: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

Tummy Time

What are the fundamentals?

1. ***What is Tummy time?*** Tummy time is the time your child spends on their stomach during the day. It is a crucial part of the child's development during the early months. Tummy time is important so your child can strengthen their head, neck, and upper body muscles. Most children do not like tummy time at first and need to get used to it. Encourage your child by smiling and showing toys. **Always supervise your child during tummy time.**
2. ***When to start Tummy time*.** From the day you bring your child home from the hospital, begin tummy time sessions. Tummy time sessions should occur when your child is awake and alert. Children benefit from 2 to 3 short, tummy time sessions a day that last from 3 to 5 minutes. As your child grows older, you may lengthen the time of sessions. By 4 months of age, the child can be on his tummy 90 minutes a day. Establish a daily routine, such as after diaper changes or bath time, so that your child begins to expect when it will happen. Avoid tummy time directly after feedings.
3. ***Ways to exercise the child while on their tummy*:**
    - Place a toy just outside or within your child's reach during playtime to get your child to reach for it.
    - Place toys in a circle around the child allowing them to move around the circle to reach different points.
    - Use toys such as rattles and mirrors to encourage visual tracking.
    - Have someone you trust sit in front of your child while they are on their tummy and encourage interaction.
    - Place your child on your tummy while you lie down. Encourage your child to lift up their head to make eye contact with you.

Why is this important?

- Tummy time strengthens your child's head, neck, and upper body muscles.
- Tummy time helps prevent flat spots on your child's head and improve your child's motor skills.

Resources that can help providers and participants in learning more:

- Healthy Children.org: https://www.healthychildren.org/English/ages-stages/child/sleep/Pages/Back-to-Sleep-Tummy-to-Play.aspx https://www.healthychildren.org/English/ages-stages/child/sleep/Pages/The-Importance-of-Tummy-Time.aspx

- Safe to Sleep – Public Education Campaign: https://www1.nichd.nih.gov/sts/about/Pages/tummytime.aspx
- Pathways.org: Tummy Time: https://pathways.org/topics-of-development/tummy-time-2/tips/

Managing Stress & Infant/Child Stress

What are the fundamentals?

1. ***Recognize and reduce caregiver stress.***
    - Stress is very common for new parents. The addition of a child to the family comes with a lot of changes.
    - If you are feeling stressed, identify a safe place, such as a crib or a bassinet, and place the child on his or her back, and then step away for a few moments.
    - Take time to care for yourself by learning strategies to help calm yourself down.
    - Strategies consist of:
        - Listening to music,
        - Changing scenery,
        - Counting to ten, and
        - Deep breathing.
    - Identify key people, such as a family member or a friend, for support.
    - Know of support centers that you can call for advice.
2. ***Learn multiple ways to calm a crying child.***
    - Check for basic needs (fed, warm, clean, healthy), discomfort (rash, burping, feeding, teething), or illness (fever).
    - Educate yourself on soothing techniques (i.e. swaddling, gentle swaying or rocking, massaging, etc.).
    - Try singing or talking to your child.
    - Go outside for a walk with your child in a stroller.
    - Try giving the child a warm bath.
    - Offer a pacifier.
    - If crying persists, call a healthcare professional for advice.
3. ***Ask for help and/or find support for yourself.*** There are many options for finding support with a new child. Partners, family, and friends can be great resources. Parenting support groups are often offered for new parents – these can be found through your health care provider, a local community health center, or online.

Why is this important?

- While having a new child can be an exciting time, it can also be stressful. It is normal for new parents to feel overwhelmed and stressed at times.
- If a parent is feeling a lot of stress, a child may pick up on this and become stressed themselves.
- Strategies to reduce stress and resources for new parents can help with managing any new parent stress.
- Caregiver stress due to crying can lead to frustration and unhealthy actions. In extreme cases this can include shaking a child that will not stop crying which can result in serious injury or death to the child (see Traumatic Brain Injury).

Resources that can help providers and participants in learning more:

- March of Dimes New Mom Stress: https://www.marchofdimes.org/child/new-mom-stress.aspx#
- Mayo Clinic Crying Child: http://www.mayoclinic.org/healthy-lifestyle/child-and-toddler-health/in-%20depth/crying-child/art-20046995?p=1
- One Tough Job – Parenting Support: https://www.onetoughjob.org/

Women's Health

Reproductive Life Planning

What are the fundamentals?

1. ***Learn about different contraceptive options.*** There are many options available to help plan if and when you'd like to get pregnant and prevent unintended pregnancy.
   - Different contraceptive options have different levels of effectiveness in reducing the risk of pregnancy.
   - Some options do not protect against sexually transmitted infection (STI).
2. ***Involve your partner in reproductive life planning.*** When possible, both partners should be made aware of the options and decide on the choice that works for them. Both men and women can use contraception to prevent pregnancy and STI. Encourage your partner to see their health care provider to discuss family planning and find out what options are available to them.

Why is this important?

- Unplanned pregnancy can have a negative impact on the health and wellbeing of the child, parent, other children in the family, and the family system overall.
- Thinking through your options and selecting the best choice for you and your lifestyle will make it easier to use contraception regularly.

Resources that can help providers and participants in learning more:

- Bedsider Comparison Tool: https://www.bedsider.org/methods/matrix
- Women's Health.gov Birth Control Methods: https://www.womenshealth.gov/a-z-topics/birth-control-methods?_ga=2.164351159.940321847.1521143774-849535017.1521143774
- Planned Parenthood Birth Control Overview: https://www.plannedparenthood.org/learn/birth-control

Reproductive & Sexual Health

What are the fundamentals?

1. ***A healthy sex life is an important aspect of your overall health and well-being***. Talk with your partner about your needs and how you want to relate to them sexually as well as reproductive goals or concerns.
2. ***Understand the menstrual cycle and its relationship to reproduction***. Pregnancy can occur during the five days before ovulation through to the day of ovulation. However, every ovulation cycle is different, and can even change from month to month due to factors such fatigue, stress, or travel.
3. ***Understand how Sexually Transmitted Infections (STIs) happen.*** STIs are illnesses caused by bacteria or viruses which are passed on via intimate sexual contact, and can have significant health consequences.
4. ***Know how to protect yourself from STIs.*** Regular and correct use of condoms during all sexual activity, as well as certain vaccinations, can help protect against STIs. Talk to your health care provider about how to protect yourself and what testing or vaccinations they would suggest.

5. ***Understand how STIs present themselves.*** Active STI symptoms are not always present. This means someone can pass on a STI even if they do not look sick. They may not even being aware that they have the infection. The only way to know for sure if you have a STI is to get tested.
6. ***Engage in open conversations with your partner about their sexual health.*** People are often hesitant to ask partners about their sexual health. However, it is very important for you to understand your partner's sexual history.
7. ***Schedule routine checkups.*** Regular appointments are important even if you are feeling okay. Many reproductive and sexual problems can start before there are obvious symptoms. If you are concerned that you may have contracted a STI, contact your health care provider, who can conduct testing. Encourage your partner to get regular checkups too. Common issues in male reproductive health include contraception, STIs, and infertility/fertility.

Why is this important?

- Reproductive and sexual health, like all areas of health and wellness, are important to overall health and wellbeing.
- A safe and satisfying sex life is an important component of overall health for both you and your partner.
- Like for women, there are many supports available to men and it is important to see your doctor for routine check-ups, even if you're feeling okay.
- STIs can have significant health consequences and in some cases (e.g., HIV/AIDS) they can even be fatal.
- Understanding how STIs are transmitted and how they can be prevented is important to protecting yourself and your partner.

Resources that can help providers and participants in learning more:

- Overview on Women's Reproductive Health: https://www.womenshealth.gov/printables-and-shareables/health-topic/reproductive-health
- Overview on Men's Reproductive Health: https://www.nichd.nih.gov/health/topics/menshealth/Pages/default.aspx
- Resource on STIs: https://www.plannedparenthood.org/learn/stds-hiv-safer-sex
- Resources for Before You Get Pregnant: https://www.womenshealth.gov/pregnancy/you-get-pregnant/if-you-are-sexually-active
- Steps to Safer Sex: https://www.womenshealth.gov/blog/6-steps-safer-sex

Other Health Concerns

What are the fundamentals?

1. ***Several forms of cardiovascular disease, such as heart disease, stroke, and high blood pressure, are very common diseases and disabilities in the US.***
2. ***Healthy lifestyle choices,*** such as healthy diet and regular exercise, reduce your risk of many health problems, including heart disease, stroke, and Type 2 diabetes.
3. ***Schedule regular check-ups with your doctor.*** Regular appointments can help prevent or identify health issues ranging from minor to life threatening.
4. ***Understand your family history***. Understanding your family history will allow you and your doctor to be aware of your risks and take appropriate actions to screen for health concerns.

Why is this important?

- Screening and preventative efforts can significantly improve health outcomes. Paying attention to all aspects of your health is important for your physical and emotional well-being.

How & When to Access Care

What are the fundamentals?

1. ***How to find a regular health care provider.*** If you need to find a health care provider for yourself, your child, or another family member, one of the first steps is to call your health insurance to see which providers in your area accept your coverage. This information can also often be found online.
2. ***Consider what is important to you in a provider.*** What qualities or qualifications are you looking for in your health care provider? Perhaps they need to speak a particular language or understand a specific culture. Think about whether the office is accessible to you and your family. It is important to consider whether the office hours are appropriate based on your family's schedule and whether you can transport yourself there during their open hours.
3. ***Schedule provider appointments as needed.*** You should schedule annual wellness visits regardless of your current health, in addition to other visits if you experience any health problems. If you are unsure whether an issue warrants a visit, it is better to have it checked out. You can always call your health care provider and ask for their advice.
4. ***Understand when to go to your regular provider and when to seek emergency care.***
    - If you or a family member have trouble breathing, severe chest or stomach pain, bleeding, head injury or lose consciousness, seek emergency services (call 911 or go to the hospital emergency department).
    - For other, less severe types of pain, illness, or injury call your primary health care provider for advice, or if over the weekend or evening, go to an urgent care clinic in your area.
5. ***How to access health insurance if you do not already have it.*** If you do not have health insurance, you may be eligible to apply for MassHealth. Health insurance coverage improves the health of you and your children and ensures you can get the care you need. Prevention and wellness, emergency care, maternity and newborn care, and pediatric care are all covered by most health insurance plans.

Why is this important?

- Regular health care can help you and your family stay healthy and promote long-term health and wellbeing.
- Whether it is your child or yourself, knowing when to go to the doctor is the first step in receiving needed care to ensure health and wellbeing.
- Health insurance can significantly reduce financial stress in your family and ensure you and your family get the care you need.

Resources that can help providers and participants in learning more:

- Choosing a Health Care Provider in MA: http://www.mass.gov/portal/residents/health-safety/choosing-a-massachusetts-health-care-provider.html
- Finding a MassHealth Provider: https://masshealth.ehs.state.ma.us/providerdirectory/
- PDF with Resources for a Doctor's Visit: https://www.nia.nih.gov/sites/default/files/d7/talking_with_your_doctor_presentation_handouts_508.pdf
- Deciding When to Go to the Doctor: http://www.cfah.org/prepared-patient/find-good-health-care/deciding-when-to-seek-care

- How to Apply for MassHealth: https://www.mass.gov/how-to/apply-for-masshealth-the-health-safety-net-or-the-childrens-medical-security-plan

How to Talk to a Health Care Provider

What are the fundamentals?

1. ***Talk openly with your provider.*** Before your appointment, make a list of concerns that you want to speak with your health care provider about (i.e. new or continuing symptoms, a question about a health goal).
    - Consider bringing a close friend or family member with you.
    - Take notes about your health care provider's responses and advice.
2. ***Understand your rights.*** Your medical information is still your information. You can always access your medical records. You also have the right to interpretation services by a non-family member.

Why is this important?

- Clear and honest communication with your health care provider is important to ensure they have all the information they need to help keep you and your family healthy.

Resources that can help providers and participants in learning more:

- Talking to your Doctor (videos): https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/talking-your-doctor
- Talking Openly with your Medical Provider (videos): https://www.nih.gov/news-events/videos/talking-openly-your-medical-provider
- Talking to your Doctor: https://newsinhealth.nih.gov/2015/06/talking-your-doctor

Alcohol, Tobacco, Marijuana, & Other Drugs

Alcohol, Tobacco, Marijuana, & Other Drugs during Pregnancy

What are the fundamentals?

1. ***Understand the benefits of stopping or reducing smoking, drinking alcohol, non-prescribed drug use, and misuse of prescribed medications can have on pregnancy.*** Pregnancy and new parenthood are times when people may be motivated to quit or reduce use of substances. While substance use in pregnancy can have health effects for children and parents (some effects can't be seen until children are older), stopping or reducing use at any point in pregnancy helps you and your child. This is especially true for alcohol and tobacco use. Any use of alcohol in pregnancy is not safe. If you stop or reduce use, your child is more likely to be born full–term at a healthy size, with fewer complications, and with better long-term health.
2. ***Understand that pregnancy and new parenthood are also times when relapse can happen for people who are already in recovery or who stop or reduce use in pregnancy.*** Memories of past experiences, stress of parenthood, life and relationship stress, medications prescribed for pain management, and other factors can make this a time when it is even more important to have a plan for the safety and well-being of you and your child.
3. ***Know that you deserve to be respected and cared for by your prenatal provider and other people in your life whether you are using substances or not.***
4. ***Learn about supports available.*** There are many resources available to help you and your child have a healthy and safe pregnancy and birth. These supports can include educational materials, knowledgeable

providers, and other parents who are in recovery and provide coaching to help you reduce or stop using.

Why is this important?

- Pregnancy is an important time to protect the health of parent and child. However, abstaining from substances can be difficult for an expectant parent, particularly if she engaged in frequent use prior to pregnancy. Being connected to and remaining engaged with supportive providers, including prenatal providers, is helpful even if a parent is not ready to completely abstain from alcohol, tobacco, marijuana, or drug use.

Resources that can help providers and participants in learning more:

- Mass DPH Advisory on Pregnancy and Alcohol: http://www.mass.gov/eohhs/docs/dph/substance-abuse/360dp-fasd-11032014.pdf
- CDC - Alcohol and Pregnancy: https://www.cdc.gov/vitalsigns/pdf/2016-02-vitalsigns.pdf
- Marijuana and your Child: https://www.colorado.gov/pacific/sites/default/files/MJ_RMEP_Factsheet-Pregnancy-Breastfeeding.pdf
- Institute for Health and Recovery: http://www.healthrecovery.org/
- Sober Mommies Resources: https://sobermommies.com/
- Provider Resources - Counseling on Marijuana Use in Pregnancy: http://www.massmed.org/marimpact/

Smoking Cessation

What are the fundamentals?

1. ***Reduce or quit smoking.*** It can be difficult to quit smoking, particularly if you are a long-term smoker. However, it is one of the biggest steps you can take to improve your health and the health of your child. If you can't quit smoking, any reduction in smoking is helpful for your child. There is no evidence to prove that E-cigarettes or "vaping" in pregnancy is safer than smoking cigarettes.
2. ***Create a smoke-free environment for your children.*** Children are particularly affected by smoke and its chemicals in the air, on clothing and on surfaces in the house and the car. You can protect your child by keeping any home where your child is cared for, or car that your child rides in, or caregivers' hair and clothing, is smoke-free.
3. ***Find support.*** There are many resources to help you quit smoking. It will improve your health, the health of your child, and your family by creating a smoke-free environment.

Why is this important?

- Quitting smoking lowers the risk for life threatening illness such as lung cancer, heart disease, and stroke.
- Smoke-free home environments are healthier for children, and reduce asthma, ear infections, allergies, and sudden unexpected child death syndrome.

Resources that can help providers and participants in learning more:

- 1-800-QUIT-NOW hotline provides free one-on-one advice, help creating a quit plan, educational materials, information on FDA-approved cessation methods including nicotine replacement therapy, and referrals to local resources
- Smoke-Free Women: https://women.smokefree.gov/

- Quitting Smoking During Pregnancy: https://women.smokefree.gov/quitting-for-two/quit-smoking-for-mom-child.aspx
- Resources for Quitting Smoking: https://smokefree.gov/everytrycounts/
- Tips to Keep a Smoke-free Home and Car: https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Importance-of-Smoke-Free-Homes-and-Cars.aspx
- Preventing Exposure to Thirdhand Smoke: https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/How-Parents-Can-Prevent-Exposure-Thirdhand-Smoke.aspx
- E-Cigarettes and Pregnancy: https://www.marchofdimes.org/materials/e-Cigarettes-and-Pregnancy-Fact-Sheet-March-2015.pdf
- Tobacco Treatment and Education Resources: http://www.healthrecovery.org/resources/tobacco/

Healthy Interpersonal Relationships

Developing & Keeping Healthy Relationships

What are the fundamentals?

1. ***Recognize the signs of a healthy relationship:***
    - Respecting a partner's beliefs and boundaries
    - Placing trust in a partner
    - Being honest and open with a partner
    - Understanding a partner's point of view and compromising on important issues
    - Talking and communicating openly with a partner
    - Having patience with a partner and avoiding anger or insult
    - Finding solutions and problem solving with a partner
    - Trying to understand how a partner is feeling and being a support to them
    - Feeling confident in oneself and a partner
    - Having a safe, comfortable, and consensual sexual relationship with a partner
2. ***Recognize signs of an unhealthy relationship:***
    - Controlling or making decisions for a partner without their input
    - Acting aggressively or mean with a partner
    - Lying to or withholding important information from a partner
    - Making fun of a partner's beliefs, opinions, or interests
    - Insisting that a partner be dependent and unable to make their own decisions
    - Making a partner scared or uncomfortable
    - Using force against a partner, such as hitting, shoving, or grabbing
    - Pressuring or forcing a partner into sexual activity against their will
3. ***Identify ways to approach an unhealthy relationship.***
    - Talk to your partner (if you feel safe and comfortable doing so)
    - Talk to close family or friends
    - Talk to a counselor or a caring adult
    - Call a hotline (see IPV Warning Signs and Safety Plan)
4. ***Take steps to keep healthy relationships strong.***
    - Keep communication open and respectful
    - Listen and show care and concern
    - Be flexible and dependable

- Take care of yourself

Why is this important?

- Understanding the characteristics of healthy and unhealthy relationships is an important step towards developing the skills necessary to develop and maintain healthy relationships, and prevent unhealthy relationships
- It can also help in identifying when a relationship is unhealthy and needs a change

Resources that can help providers and participants in learning more:

- Kansas State University: http://www.k-state.edu/counseling/topics/relationships/relatn.html
- Love is Respect - Healthy Relationships: http://www.loveisrespect.org/healthy-relationships/

IPV Warning Signs & Safety Plan

What are the fundamentals?

1. ***What is IPV?*** IPV stands for intimate partner violence and includes the physical, emotional, verbal, and/or sexual harm or violence by a present or former partner. IPV can occur in marital and dating relationships.
2. ***How to recognize warning signs.*** Some signs of an abusive or controlling relationship include:
   - Keeping track of what you do
   - Getting jealous or angry, or controlling what you do
   - Making you feel bad about yourself
   - Physically hurting you or threatening to hurt you or those you care about
   - Forcing you to have sex or other activities against your will
3. ***Develop a safety plan.***
   - Safety planning means identifying ways to stay safe that may also help reduce the risk of future harm.
   - Safety plans are a list of ideas to help keep you safe.
   - This list may change depending on the situation.
   - Safety planning also involves teaching your children to stay away from the fight, and avoid getting in the middle of it.

Why is this important?

- IPV can impact your health and wellbeing and that of your family as well.
- Help is available for parents and families that may be experiencing IPV.
- If you are currently in a relationship where there is violence present, it is important to plan to help ensure your safety and that of your children.

Resources that can help providers and participants in learning more:

- CDC Intimate Partner Violence: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
- Signs of Abuse: https://www.womenshealth.gov/violence-against-women/am-i-being-abused/#b
- Mass.gov - Safety Planning for Victims of Abuse: http://www.mass.gov/mova/safeplan/safety-planning/
- Safety Plan Template Developed by the National Center on Domestic and Sexual Violence: http://www.ncdsv.org/images/DV_Safety_Plan.pdf

- Safety Planning for Abusive Situations: https://www.womenshealth.gov/violence-against-women/get-help-for-violence/safety-planning-for-abusive-situations.html#safety
- Futures Without Violence: https://www.futureswithoutviolence.org/
- Domestic Violence Hotline: Call 800-799-SAFE (7233)
- Dating Violence Helpline: Call 866-331-9474 or 866-331-8453(TDD)
- Sexual Assault Hotline: Call 800-656-4673

Emotional Health & Social Connectedness

Maternal Life Course & Development

What are the fundamentals?

1. ***Recognize the many factors that influence health and wellbeing***. A person's health and wellbeing are shaped by genetics and family history, environment, social connections, financial resources, early life experiences, education, and culture among other things. These factors can impact health and wellbeing across a person's life span with each life stage and experience influencing the next.
2. ***Understand the importance of critical and sensitive periods.*** Pregnancy and early childhood are both considered critical and sensitive periods for healthy development. A parent's health and wellbeing during pregnancy set the stage for the child's health and wellbeing. Experiences during these periods can have long term impacts on the physical and emotional health of parent and child. Maintaining physical and emotional health during this time can lay the groundwork for a healthy future for parent and child.
3. ***Understand how supportive relationships and positive life experiences can influence future wellbeing for you and your family.*** Building strong and supportive relationships can help families get through tough times and maintain positive health and wellbeing. These relationships and other positive life experiences, such as successfully completing a goal for yourself or achieving something you worked hard for, increase emotional wellbeing, feelings of success, and confidence.

Why is this important?

- Understanding the many factors that influence health, wellbeing, and resilience across the life span can help support positive and healthy decision-making.
- Recognizing pregnancy and early childhood as an important period in life can help in encouraging habits and practices to support healthy development.
- Positive experiences and supportive relationships can lay the groundwork for future wellbeing and success.

Resources that can help providers and participants in learning more:

- Guide to Life Course Approach for Providers: http://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf

Postpartum Depression

What are the fundamentals?

1. ***Recognize the signs of postpartum depression.*** The birth of a child is a happy and exciting event, but it is also stressful. Parents are learning to care for their child, adjusting to parenthood, while also recovering from birth themselves, often on little sleep. It is very normal to feel overwhelmed and have

temporary feelings of sadness. But if you find yourself having severe mood swings or a sadness that does not go away, you may be experiencing postpartum depression (PPD).

2. Parents with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others.
3. PPD does not have one single cause, but one thing is for certain – it is not because of anything the parent did or didn't do. There many things that contribute, including:
    b. ***Chemical changes.*** After childbirth, hormone levels quickly drop. This leads to chemical changes in the brain that can trigger mood swings.
    c. ***Sleep deprivation.*** Many parents experience sleep deprivation, making it difficult to recover from childbirth. This lack of sleep and recovery can contribute to PPD symptoms.
4. ***Educate yourself on PPD.*** Parents with PPD often feel ashamed because they feel they should only be happy about the birth of their child. However, if you do experience PPD you should not feel embarrassed. PPD is fairly common, affecting as many as 1 in 7 birthing parents. And it can impact anyone.
5. ***Seek treatment.*** If you are concerned you may be experiencing PPD, talk to your healthcare professional. Counseling can be very helpful in treating PPD.

Why is this important?

- Postpartum depression can impact a parent's ability to care for their newborn child or self. Without proper treatment, symptoms can persist for months and even years.

Resources that can help providers and participants in learning more:

- National Institute of Health (NIH) - About PPD: https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0024789/
- American Psychological Association (APA) - About PPD, with tools and information for providers: http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx

Managing Mood & Anxiety

What are the fundamentals?

1. ***Recognize signs that you are feeling down, depressed, or anxious.*** The changing levels of hormones around pregnancy and after giving birth can strongly impact the range and intensity of emotions parents feel. Depression and anxiety are two of the conditions that can affect individuals during pregnancy and the first year after birth.
    - Depression is characterized by feelings of sadness or emptiness, a loss of pleasure or enjoyment in activities, and a sense of worthlessness or guilt. Depression is often accompanied by fatigue, dramatic changes in appetite, and trouble concentrating.
    - Anxiety is characterized feelings of nervousness, worry, and fear. It can also be associated with physical aches and pains, sleep difficulties, and trouble concentrating.
    - Both depression and anxiety extend beyond a bad day or stressful event, and can last for weeks.
2. ***Develop healthy and effective mood and anxiety management skills.*** Similar to when stressed, people experiencing low mood and anxiety can engage in unhealthy coping strategies, such as alcohol or substance use, or isolating themselves from loved ones.
    - Having some coping strategies in place can reduce depression and anxiety:
        - Make plans to have fun or see people you care about, and stick to them!
        - Try relaxation or mindfulness strategies.
        - Get some exercise, even a short walk can help.

- Cut yourself some slack and know what is realistic for you.

3. ***Know when to reach out for professional help.***
    - Depression and anxiety can get in the way of daily life tasks, such as personal hygiene, taking care of your child, or working. Pay attention when these tasks become more challenging.
    - It is often good to have a plan for who you can reach out to for professional help. A mental health provider can work with you to develop skills specific to managing depression and anxiety. A psychiatrist may be able to talk you about medication options to manage.

Why is this important?

- Experiencing depression, anxiety, or other more chronic mental illnesses can significantly affect your ability to bond with your child, as well as get in the way of other daily activities.
- Being aware of your mood and taking steps to manage low mood, anxiety, and other serious mental illnesses can help you be a better parent.

Resources that can help providers and participants in learning more:

- National Institute of Child Health and Human Development, Moms' Mental Health Matters: https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx
- Department of Health and Human Services, Office of Women's Health, Pay Attention to Your Mental Health: http://womenshealthgovstg.prod.acquia-sites.com/files/documents/nwhw_infographic-mental-health.pdf

Social Connectedness & Support

What are the fundamentals?

1. ***Develop social connections.*** Interpersonal relationships provide emotional support, as well as parenting advice and problem solving support. A strong social network also promotes the health of the parent and child. Healthy social relationships can help people feel less isolated and alone, and like they have a community to fall back on.

Why is this important?

- Social connections and concrete support in times of need are two powerful protective factors to help promote the health and wellbeing of children and families.

Resources that can help providers and participants in learning more:

- Five protective factors: https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf

Managing Chronic Mental Health Issues

What are the fundamentals?

1. ***Discuss your mental health condition and pregnancy with your medical providers.*** If you have a diagnosed mental health condition and are pregnant or have recently given birth, it is important that your medical providers, including primary care doctors, obstetricians, psychiatrists, and mental health workers, are aware of your mental health condition and your pregnancy or that you have recently given birth. If you have been prescribed medication to manage your mental health condition, discuss

whether or not you should continue taking the medication with your doctors. They will help you weigh the benefits and risk associated with the decision.

2. ***Recognize signs that your mental health issues are worsening.*** The changing levels of hormones around pregnancy and after giving birth can strongly impact the range and intensity of emotions parents feel. It is especially important to be aware of your symptoms and triggers if you have a chronic or serious mental illnesses. If you discontinue prescribed psychotropic medication, this can also contribute to symptom changes. It can be helpful to track your symptoms by writing them down regularly so that you can be aware if things are changing.
3. ***Develop a plan for how you will effectively manage your mental health symptoms.*** If you have learned healthy and effective coping strategies in the past, review these with your mental health providers and make a plan for when you can use them. If you decide to continue taking medications after discussing it with your doctors, be diligent about taking them as prescribed.
4. ***Know when to reach out for professional help.*** Chronic mental health conditions can get in the way of daily life tasks, such as personal hygiene, taking care of your child, or working. Pay attention when these tasks become more challenging. It is often good to have a plan for who you can reach out to for professional help. A mental health provider can work with you to develop skills specific to managing your mental health condition. A psychiatrist may be able to talk you about medication options to manage.
5. ***Know who to reach out to if you feel like you will be a danger to yourself, your child, or others.*** If you feel you are in immediate danger of harming yourself, your child, or others, call 9-1-1. If the danger is not immediate, reach out to your mental health provider. You may also want to plan for someone to take care of your child in the event of an emergency.

Why is this important?

- Chronic mental illnesses can significantly affect your ability to bond with your child, as well as get in the way of other daily activities.
- Being aware of your symptoms and taking steps to manage chronic mental illnesses can help you be a better parent.

Resources that can help providers and participants in learning more:

- Massachusetts General Hospital Center for Women's Mental Health, Psychiatric Disorders During Pregnancy: https://womensmentalhealth.org/specialty-clinics/psychiatric-disorders-during-pregnancy/?doing_wp_cron=1520956643.3807349205017089843750
- National Institute of Child Health and Human Development, Moms' Mental Health Matters: https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx
- Department of Health and Human Services, Office of Women's Health, Pay Attention to Your Mental Health: http://womenshealthgovstg.prod.acquia-sites.com/files/documents/nwhw_infographic-mental-health.pdf

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